## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 08:00 A Secretary of State **DOCUMENT # P98000032371** 1. Entity Name CAROUSEL FARM INC. Principal Place of Business Mailing Address 21203 TRILBY CEMETERY RD P O BOX 645 TRILBY, FL 33523 **TRILBY, FL 33593** 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3575719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEUTHE, DIANE DO NOT WRITE 21203 TRILBY CEMETERY RD PO BOX 645 IN THIS SPACE **TRILBY, FL 33593** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BEUTHE, DIANE P STREET ADDRESS PO BOX 645/21203 TRILBY CEMETERY RD U000000780395 CITY-ST-ZIP **TRILBY, FL 33593** 01/14/08-80020-011 150.00 TITLE VP BEUTHE, ROBERT NAME PO BOX 645/21203 TRILBY CEMETERY RD STREET ADDRESS CITY-ST-ZIP TRILBY, FL 33593 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

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January 8 2008