

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90293 019 ***150.00

DOCUMENT # P99000038839

1. Entity Name

CARBON COLOR INC



Principal Place of Business

8329 DELAWARE AVE.
JACKSONVILLE FL 32208

Mailing Address

8329 DELAWARE AVE.
JACKSONVILLE FL 32208

2. Principal Place of Business

2931 Noel Trail

3. Mailing Address

2931 Noel Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hilliard Florida

City & State

Hilliard Florida

Zip

32046

Country

Nassau

Zip

32046

Country

Nassau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, CHRISTINA
8329 DELAWARE AVE.
JACKSONVILLE FL 32208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCDANIEL, TYRONE
STREET ADDRESS 8329 DELAWARE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☒ Change ☐ Addition
NAME McDaniel, Tyrone
STREET ADDRESS 2931 Noel Trail
CITY-ST-ZIP Hilliard FL 32046

TITLE D ☐ Delete
NAME MCDANIEL, CHRISTINA
STREET ADDRESS 8329 DELAWARE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☒ Change ☐ Addition
NAME McDaniel, Christina
STREET ADDRESS 2931 Noel Trail
CITY-ST-ZIP Hilliard FL 32046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Christina McDaniel Christina McDaniel 4-13-09 904-845-3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #