


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 039 ***150.00

DOCUMENT # P99000102156		
1. Entity Name CARRAWAY CONSULTING, INCORPORATED		

Principal Place of Business 242 GARDEN CIR. S. DUNEDIN, FL 34698	Mailing Address 242 GARDEN CIR. S. DUNEDIN, FL 34698
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50038012

2. Principal Place of Business 6656 Greenwood Rd.	3. Mailing Address 6656 Greenwood Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04142005 Chg-P CR2E034 (10/03)

City & State Jag. FL	City & State Jag. FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 32565	Country USA	Zip 32565	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARRAWAY, BARRY 242 GARDEN CIR. SOUTH DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Carraway, Barry Street Address (P.O. Box Number is Not Acceptable) 6656 Greenwood Rd City Jag FL Zip Code 32565	
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same →
address change →

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRAWAY, BARRY 242 GARDEN CIR. SOUTH DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carraway, Barry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6656 Greenwood Rd Jag Jag. FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barry Carraway 4-13-05 850-675-6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #