2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90026 045 ***150.00

DOCUMENT # S85426

1. Entity Name

CAROLINA DEVELOPMENT CORPORATION

MOORE CR2E034 (11/03) OVER

Principal Place of Business	Mailing Address
~~4001 GULF SHORE BLVD N. #200 NAPLES FL 34103-3424~~	~~4001 GULF SHORE BLVD N. #200 NAPLES FL 34103-3424~~

2. Principal Place of Business	3. Mailing Address
114 TOWNSEND ST	114 TOWNSEND ST
Suite, Apt. #, etc.: c/o JANE L. Andrews	Suite, Apt. #, etc.: c/o JANE L. Andrews
City & State: PEPPERELL, MA	City & State: PEPPERELL, MA
Zip: 01463 Country: USA	Zip: 01463 Country: USA

4. FEI Number: 65-0319753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, WILLIAM E. SR.
4001 GULF SHORE BLVD N
SUITE 200
NAPLES FL 34103-3424

7. Name and Address of New Registered Agent

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	P ☐ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	KLEIN, WILLIAM E., SR.	NAME	JANE L. ANDREWS
STREET ADDRESS	4101 GULF SHORE BLVD N #200	STREET ADDRESS	114 TOWNSEND ST
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	PEPPERELL MA 01463
TITLE	☐ Delete	TITLE	Sec./Treas. ☐ Change ☒ Addition
NAME		NAME	Frank E. Andrews
STREET ADDRESS		STREET ADDRESS	114 Townsend St
CITY-ST-ZIP		CITY-ST-ZIP	Pepperell MA 01463
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Jane L. Andrews 3-11-04 DATE 978 433 0596 DAYTIME PHONE #