2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S92814

1. Entity Name
CARROLL CLOTHIERS, INC.

Principal Place of Business	Mailing Address
5656 OLDSMOBILE DR.	5656 OLDSMOBILE DR.
LAKE WOTH, FL 33463 US	LAKE WORTH, FL 33463 US

DO NOT WRITE IN THIS SPACE

03102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0300963	Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, TIMOTHY J.
5656 OLDSMOBILE DR.
LAKE WORTH, FL 33463

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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

9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000089106
03/15/04-80079-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CARROLL, TIMOTHY J.
STREET ADDRESS	5656 OLDSMOBILE DR.
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Tim Carroll_   3/10/04   561-585-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #