


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 003 \*\*\*150.00

<b>DOCUMENT # P00480</b>			
1. Entity Name <b>CENTRAL PARKING SYSTEM OF FLORIDA, INC.</b>			
Principal Place of Business <b>% MONROE J CARELL, JR 2401 21ST AVENUE, SOUTH SUITE 200 NASHVILLE, TN 37212</b>		Mailing Address <b>% MONROE J CARELL, JR 2401 21ST AVENUE, SOUTH SUITE 200 NASHVILLE, TN 37212</b>	
2. Principal Place of Business <i>Central Parking System</i>		3. Mailing Address <i>Central Parking System</i>	
Suite, Apt. #, etc. <i>2401 21st Ave S Suite 200</i>		Suite, Apt. #, etc. <i>2401 21st Ave S Suite 200</i>	
City & State <i>Nashville, TN</i>		City & State <i>Nashville, TN</i>	
Zip <i>37212</i>	Country	Zip <i>37212</i>	Country
4. FEI Number <b>62-1190082</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARELL, MONROE J JR 2401 21ST AVE S #200 NASHVILLE, TN <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	S ABBOTT, HENRY J 2401 21ST AVE S STE 200 NASHVILLE, TN <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	COO EADS, EMANUEL 2401 21ST AVE S., SUITE 200 NASHVILLE, TN 37212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Eads, Emanuel 2401 21st Ave. S, Suite 200 Nashville, TN 37212</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOTTELER, ROBERT 2401 21ST AVE S STE 200 NASHVILLE, TN 37212 <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	CFO HEAVRIN, JEFF 2401 21ST AVE. SOUTH NASHVILLE, TN 37212 <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 exceptions contained in Chapter 607, Florida Statutes. I am familiar with, and accept 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 by me at the time of filing and that I am the 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 and address are correct for Block 111 changed, or on an attachment with an address, with authority empowered			
SIGNATURE: <i>Henry J. Abbott</i>		Henry J. Abbott, Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4-27-06	
		Deputy Phone #	