


FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 004 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000069775			
1. Entity Name GEORGIA CARLEE INCORPORATED			
Principal Place of Business 195 BAY TREE DR DESTIN, FL 32550		Mailing Address 195 BAY TREE DR DESTIN, FL 32550	
2. Principal Place of Business 820 Hwy 393 N. Suite A Suite B		3. Mailing Address (Same)	
City & State Santa Rosa Beach, FL		City & State	
Zip 32459		Country US	
4. FEI Number 03-0464428		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANET GENTRY CPA - PA 151 MARY ESTHER BLVD., SUITE 405A MARY ESTHER, FL 32569		7. Name and Address of New Registered Agent	
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 _____ DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLEE, GEORGGIANNE J 195 BAY TREE DR DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carlee, Georgianne J 820 Hwy 393 N Suite B Santa Rosa Beach FL 32459
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Georgianne Carlee</u>		Date: <u>3-7-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR		Daytime Phone #	

40017047



03012006 Chg-P CR2E034 (11/05)

FL Zip Code