


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 453818		
1. Entity Name CARL M. WILBURN, INC.		

Principal Place of Business 1100 VAUGHN RD SEBRING FL 33875-6706	Mailing Address 1100 VAUGHN RD SEBRING FL 33875-6706
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 59-1746720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILBURN, BETTY, A 1100 VAUGHN RD SEBRING FL 33872		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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBURN, CARL M.		NAME		
STREET ADDRESS	1100 VAUGHN RD.		STREET ADDRESS		
CITY - ST - ZIP	SEBRING FL		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBURN, BETTY A.		NAME		
STREET ADDRESS	1100 VAUGHN RD.		STREET ADDRESS		
CITY - ST - ZIP	SEBRING FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBURN, BETTY A.		NAME		
STREET ADDRESS	1100 VAUGHN ROAD		STREET ADDRESS		
CITY - ST - ZIP	SEBRING FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, TAMMY		NAME		
STREET ADDRESS	1232 FOREST RD		STREET ADDRESS		
CITY - ST - ZIP	SEBRING FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, CLARK G		NAME		
STREET ADDRESS	1232 FOREST ROAD		STREET ADDRESS		
CITY - ST - ZIP	SEBRING FL 33872		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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: Clark G. Paterson **4-20-06** **(863) 385-8418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #