

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 547587

FILED
Aug 16, 2006
Secretary of State**Entity Name:** CARNAHAN, PROCTOR AND CROSS, INC.**Current Principal Place of Business:**6101 W ATLANTIC BLVD
2ND FLOOR
MARGATE, FL 33063**New Principal Place of Business:****Current Mailing Address:**6101 W ATLANTIC BLVD
P.O. BOX 93-4399
MARGATE, FL 33063**New Mailing Address:****FEI Number:** 59-1768002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PROCTOR, GREGORY M PD
6101 W ATLANTIC BLVD
2ND FLOOR
MARGATE, FL 33063 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PROCTOR, GREGORY M PD
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARAGATE, FL 33063 US**Title:** VPD () Delete
Name: CROSS, LONDON M VPD
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063 US**Title:** STD () Delete
Name: WEATHERMAN, CAROLE S STD
Address: 1061 EAST INDIANTOWN ROAD, SUITE 100
City-St-Zip: JUPITER, FL 33477**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: WEATHERMAN, CAROLE S ST
Address: 1061 EAST INDIANTOWN ROAD, SUITE 100
City-St-Zip: JUPITER, FL 33477**Title:** CFO () Change (X) Addition
Name: CARNAHAN, DANIEL L CFO
Address: 6101 W. ATLANTIC BLVD.
City-St-Zip: MARGATE, FL 33063**Title:** VP () Change (X) Addition
Name: CAMPBELL, JOHN R VP
Address: 3525 N. COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953 US**Title:** VP () Change (X) Addition
Name: THIELE, JAMES A VP
Address: 105 E. ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY M. PROCTOR

PD

08/16/2006

Electronic Signature of Signing Officer or Director

Date