## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 625260** 

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Entity Name: MOCAR ENTERPRISES, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
	SACOLA BLVD LA, FL 325344					
Current M	ailing Addres	s:	New Mailing Address:			
	SACOLA BLVD LA, FL 325344					
FEI Number:	59-3271130	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
8450 PENS	ER, CHRISTIN SACOLA BLVD LA, FL 32534					
The above in the State		submits this statement for the p	urpose of changing i	ts register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD () CARPENTER, M 3140 SONYA S' PACE, FL 3257	г.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () CARPENTER, L 527 S. 1ST STR PENSACOLA, F	REET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARPENTER, L 527 S. 1ST STR PENSACOLA, F	EET	Title: Name: Address: City-St-Zip:		( ) Change( ) Addition	
Title <sup>.</sup>	( )	Delete	Title <sup>.</sup>	D	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

CARPENTER, TRACEY

3140 SONYA ST.

PACE, FL 32571 US

SIGNATURE: MARSHALL O CARPENTER III VΡ 04/27/2006