2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625260

MOCAR ENTERPRISES INC.

FILED Apr 27, 2007 Secretary of State

Entity Name: MOCAR ENTERPRISES, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
8450 PEN PENSACC	SACOLA BLVI DLA, FL 32534) 4359		
Current Mailing Address:			New Mailing Address:	
	SACOLA BLVI DLA, FL 32534			
FEI Number	: 59-3271130	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
8450 PEN	FER, CHRISTII SACOLA BLVI DLA, FL 32534	D.		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Ager			ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD (CARPENTER, I 3140 SONYA S PACE, FL 325	т.	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, I 527 S. 1ST STI PENSACOLA, I	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (CARPENTER, I 527 S. 1ST STI PENSACOLA, I	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title [.]	D (. Delete	Title [.]	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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:

SIGNATURE: MARSHALL O CARPENTER III V 04/27/2007

CARPENTER, TRACEY

PACE, FL 32571 US

3140 SONYA ST.

Name:

Address:

City-St-Zip: