

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853417

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: D-CARR INVESTMENTS, INC.

## Current Principal Place of Business:

HIGHWAY 37 SOUTH  
P. O. BOX 280  
CASSVILLE, MO 65625

## New Principal Place of Business:

200 S MAIN  
P. O. BOX 280  
CASSVILLE, MO 65625

## Current Mailing Address:

HIGHWAY 37 SOUTH  
P. O. BOX 280  
CASSVILLE, MO 65625

## New Mailing Address:

200 S MAIN  
P. O. BOX 280  
CASSVILLE, MO 65625

FEI Number: 43-1155354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARR, JAMES  
514 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

CARR, JAMES  
800 VIRGINIA AVENUE, SUITE 8  
FT PIERCE, FL 34982 US

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: JAMES CARR

04/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARR, SHIRLEY L.,  
Address: P O BOX 280  
City-St-Zip: CASSVILLE, MO 65625

Title: SD ( ) Delete  
Name: CARR, MICHAEL L.,  
Address: P.O. BOX 280 (N/A)  
City-St-Zip: CASSVILLE, MO

Title: TD ( ) Delete  
Name: CARR, JAMES B.,  
Address: 1901 SE BOLTON AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CARR, JAMES B.,  
Address: 9631 ENCLAVE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: MICHAEL CARR

SD

04/03/2006

Electronic Signature of Signing Officer or Director

Date