

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853417

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: D-CARR INVESTMENTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
6909 NW LTC PARKWAY  
PORT SAINT LUCIE, FL 34982      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      (X) 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: 9631 ENCLAVE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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.

SIGNATURE: MICHAEL L CARR

SD

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date