


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 048 ***150.00

DOCUMENT # H50406 1. Entity Name PR CARR, INC.			
Principal Place of Business 1659 E SAMPLE RD POMPANO BEACH, FL 33064 US		Mailing Address 1659 E SAMPLE RD POMPANO BEACH, FL 33064 US	
2. Principal Place of Business 4100 NE 26 AVE Suite, Apt. #, etc.		3. Mailing Address 4100 NE 26 AVE Suite, Apt. #, etc.	
City & State LIGHTHOUSE PT, FL Zip 33064 Country USA		City & State LIGHTHOUSE PT, FL Zip 33064 Country USA	
4. FEI Number 59-2688587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, PATRICIA K. 1659 EAST SAMPLE RD POMPANO BCH, FL 33064		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4100 NE 26 AVE City LIGHTHOUSE PT FL Zip Code 33064	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CARR, PATRICIA K. STREET ADDRESS 1659 EAST SAMPLE RD CITY-ST-ZIP POMPANO BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 4100 NE 26 AVE CITY-ST-ZIP LIGHTHOUSE PT, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CARR, VINCENT J. STREET ADDRESS 1659 EAST SAMPLE RD CITY-ST-ZIP POMPANO BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 4100 NE 26 AVE CITY-ST-ZIP LIGHTHOUSE PT, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-26-06 Daytime Phone # 954-942-3113	