

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01999

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE CARR FAMILY CORPORATION

Current Principal Place of Business:

1721 N. W. 10TH AVENUE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

1721 N. W. 10TH AVENUE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-2647435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, JAMES F
211 NE 1ST STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

CARR, DAVID
1721 N. W. 10TH AVENUE
GAINESVILLE, FL 32605 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: DAVID CARR

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CARR III, ARCHIE F.
Address: 3713 NW 40TH ST
City-St-Zip: GAINESVILLE, FL

Title: P () Delete
Name: CARR, MARJORIE
Address: 1673 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: CARR, DAVID
Address: 1721 N. W. 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: CARR, STEPHEN H
Address: 18025 S. E. 21ST STREET
City-St-Zip: MICANOPY, FL 326679802 US

Title: D () Delete
Name: CARR, THOMAS
Address: 7220 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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:

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: DAVID CARR

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date