


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # J06525
 1. Entity Name
CARUTHERS & ASSOCIATES, INC.



Principal Place of Business 550 N. REO STREET SUITE 300 TAMPA, FL 33609	Mailing Address 2075 MADISON AVENUE SUITE #4 MEMPHIS, TN 38104
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1403166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GIBBONS, TUCKER, MILLER ET AL
 101 E. KENNEDY BLVD. SUITE 1000
 TAMPA, FL 33602-5146**

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARUTHERS, JERRY R 2075 MADISON AVENUE MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN ORDEN, JAMES C 4012 SAN NICHOLAS ST TAMPA, FL 33629
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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: Jerry R. Caruthers 4-20-07 901-726-1077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR Date Daytime Phone #