2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13308

Name:

Address:

City-St-Zip:

CARSON, LOIS M.,

SARASOTA, FL

1753 SPRING CREEK DR

FILED Apr 28, 2006 Secretary of State

Entity Name: J.R. CARSON ENTERPRISES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
% 1753 SPRING CREEK DRIVE SARASOTA, FL 34239				1753 SPRING CREEK DRIVE SARASOTA, FL 34239		
Current Mailing Address:				New Mailing Address:		
% 1753 SPRING CREEK DRIVE SARASOTA, FL 34239				1753 SPRING CREEK DRIVE SARASOTA, FL 34239		
FEI Number:	59-2678351	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CARSON, LOIS MARIE 1753 SPRING CREEK DR SARASOTA, FL 34239 US				CARSON, LOIS M 1753 SPRING CREEK DR SARASOTA, FL 34239 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: LOIS M CARSON				04/28/2006		
	Electroni	c Signature of Registered Ager	nt		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () I CARSON, JEFFF 1753 SPRING CI SARASOTA, FL	REEK DR	,	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () I CARSON, LOIS I 1753 SPRING CI SARASOTA, FL			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	P ()I	Delete		Title· () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY R CARSON 04/28/2006 ٧