


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailed 2-17-06
FILED
CORPORATION ANNUAL
Feb 20 2006 08:00 AM
RECEIVED
Secretary of State
Dept. of State (850) 488-7000
(850) 245-6056X

DOCUMENT # J46145 1. Entity Name CARR & CARR, D.D.S., P.A.					
Principal Place of Business 3385 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410 US			Mailing Address 3385 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2740803 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent CARR, BEVERLY A DDS 3385 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	DPAS CARR, BEVERLY A DDS 3385 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	441603 03/03/06-80041-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARR, ELAINE M DDS 3385 BURNS RD. SUITE 104 PALM BEACH GARDENS FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: <u>Beverly A. Carr, DDS</u> PRESIDENT			BEVERLY CARR, MS 2-17-06 (561) 626-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		