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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 21 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N04000008122
1. Entity Name
CARR LANE ROADWAY ASSOCIATION, INC.

Principal Place of Business
520 CARR LANE
TALLAHASSEE, FL 32312
Mailing Address
520 CARR LANE
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSSER, MARK
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D BARTON, DOUGLAS 9324 CARR LANE WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, DAVID 520 CARR LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSER, MARK 730 CARR LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKSEY, DOUGLAS A 9501 CARR LANE WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

K. Eckel APR 21 2006

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 617, 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: 4/20/06 Daytime Phone #: 850-558-1550



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 037024 83246A

AUTHORIZATION

COST LIMIT : \$ 61.25

ORDER DATE : April 20, 2006

ORDER TIME : 4:46 PM

ORDER NO. : 037024-005

CUSTOMER NO: 83246A

ANNUAL REPORT FILING

NAME: CARR LANE ROADWAY ASSOCIATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#2916

EXAMINER'S INITIALS:

RECEIVED
 06 APR 21 AM 8:45
 STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE FLORIDA