


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000008122 1. Entity Name CARR LANE ROADWAY ASSOCIATION, INC.	
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Principal Place of Business 520 CARR LANE TALLAHASSEE, FL 32312	Mailing Address 520 CARR LANE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

800099824578

**DO NOT WRITE
IN THIS SPACE**

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

4/30/07 850-558-1550
Date Daytime Phone #

FILED

07 APR 30 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 874074 83246A

AUTHORIZATION :

COST LIMIT : \$ 61.25

[Handwritten signature]

ORDER DATE : April 30, 2007

ORDER TIME : 11:35 AM

ORDER NO. : 874074-005

CUSTOMER NO: 83246A

ANNUAL REPORT FILING

NAME: CARR LANE ROADWAY ASSOCIATION,
INC.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 30 PM 1:11
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: HARRY DAVIS

EXAMINER'S INITIALS: _____