

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001093

1. Entity Name
PROFESSIONAL ASSET RECOVERY ASSOCIATION, INC.



Principal Place of Business
**1815 MICCOSUKEE COMMONS DR
SUITE 106
TALLAHASSEE, FL 32308-4368**

Mailing Address
**1815 MICCOSUKEE COMMONS DR
SUITE 106
TALLAHASSEE, FL 32308-4368**



04282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CARSON, BRENDA M
1815 MICCOSUKEE COMMONS DRIVE
SUITE 106
TALLAHASSEE, FL 32308-4368**

**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 _____

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

(NOTE: Registered Agent signature required when reissuing)

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 PD
NAME CARSON, BRENDA M
STREET ADDRESS 1815 MICCOSUKEE COMMONS DRIVE, STE 106
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPTD
NAME CARSON, HARRY B
STREET ADDRESS 6316 DUCK CALL COURT
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME ALLEN, TOM
STREET ADDRESS 3714 N.W. 9TH BLVD
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000548756
05/12/06-80078-001 61.25

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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

Date

Daytime Phone #

BRENDA M. CARSON 4/28/2006 (850) 894-1173