## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

## Jan 16, 2007 08:00 AN DOCUMENT # P00000017204 **Secretary of State** 1. Entity Name J.A. CARL, INC. Principal Place of Business Mailing Address C/O TERRANCE P. MCNAMARA, ESQ. 8655 W GULF BLVD TREASURE ISLAND, FL 33706 400 COREY AVE., 2ND FLOOR SAINT PETERSBURG, FL 33706 No Cha-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2218024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ DO NOT WRITE 400 COREY AVE., 2ND FLOOR ST PETE BEACH, FL 33706 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 regulard when reinstating) Signature, typed or printed name of registered agent and site if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing un00000586179 Trust Fund Contribution. Added to Fees 01/16/07-80041-024 150.00 10. OFFICERS AND DIRECTORS TITLE **DPVS** CARL, JAMES A 8655 W GULF BLVD STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C37Y-S3-7IP

FILED

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an example of the empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

Date

Date

Dayling Phone #