

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000022366 1. Entity Name MR. CARBURETOR, INC.	
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Principal Place of Business 5002 BARLOW LOOP RD. LAKELAND, FL 33811	Mailing Address 5002 BARLOW LOOP RD. LAKELAND, FL 33811
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DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

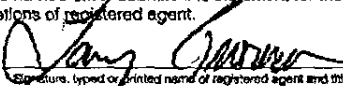
4. FEI Number 90-0013296	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

GROOVER, LARRY
1633 TAYLOR ST.
AUBURNDAL, FL 33823

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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.

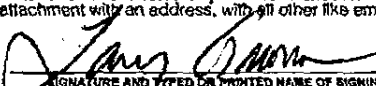
SIGNATURE:  4.17.06
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when recertifying) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000522274 05/03/06-80023-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOVER, LARRY 1633 TAYLOR ST. AUBURNDAL, FL 33823
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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:  4.17.06 (863)
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ONE Daytime Phone # 647-3439