

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000003956

1. Entity Name

KARR DOCTOR, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 PM 4:28

Principal Place of Business

1133 W. KING STREET  
ST. AUGUSTINE FL 32092

Mailing Address

8116 RIVER POINTE COURT  
ST AUGUSTINE FL 32092

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5304 SWEAT RD

GREEN COVE SPRINGS FL

32043

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

02-0536197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, STEPHEN  
1133 W. KING STREET  
ST. AUGUSTINE FL 32092

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

3-15-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HUNTER, STEPHEN  
STREET ADDRESS 1133 W. KING STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600069967756  
CITY-ST-ZIP 04/10/06--01075--021 \*\*150.00

TITLE DVPS ☐ Delete  
NAME HUNTER, CHARLES R SR  
STREET ADDRESS 2988 BEAVER AVE.  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BAILEY, DAVID B  
STREET ADDRESS 5267 ELLEN COURT  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Date

(904) 88934109

Daytime Phone #