

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007013

Entity Name: MOCAR HOLDINGS INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

8450 PENSACOLA BLVD.
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

8450 PENSACOLA BLVD.
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 01-0684840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA ST., STE. 800
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARPENTER, M.O. III
Address: 3140 SONYA STREET
City-St-Zip: PACE, FL 32571

Title: VP () Delete
Name: CARPENTER, TRACEY
Address: 3140 SONYA STREET
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: OWEN, JIMMY
Address: 1578 JW LANE
City-St-Zip: WESTVILLE, FL 32464

Title: S () Delete
Name: CARPENTER, CHRISTINA
Address: 8450 PENSACOLA BLVD
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: CARPENTER, M.O. SR
Address: 8450 PENSACOLA BLVD
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARPENTER, TRACEY
Address: 3140 SONYA STREET
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARPENTER, M.O. SR
Address: 8450 PENSACOLA BLVD
City-St-Zip: PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL O CARPENTER III

PD

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date