


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 002 ***150.00

DOCUMENT # P03000059594	
1. Entity Name CARR BARBER SUPPLY, INC.	

Principal Place of Business 14930 N FLORIDA AVE TAMPA, FL 33613	Mailing Address 14930 N FLORIDA AVE TAMPA, FL 33613
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2. Principal Place of Business 307 W Waters Ave Suite, Apt. #, etc.	3. Mailing Address 307 W Waters Ave Suite, Apt. #, etc.
City & State Tampa FL	City & State Tampa FL
Zip 33604	Country USA

	
01042006 Chg-P	CR2E034 (11/05)
4. FEI Number 54-2112784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULLARD, F. TIMOTHY CPA 5324 LAND O'LAKES BLVD LAND O'LAKES, FL 34639	
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7. Name and Address of New Registered Agent 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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARR, EDWIN J JR 14930 N FLORIDA AVE TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 307 W. Waters Ave Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, EDWIN J III 22114 HALE RD LAND O LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 307 W. Waters Ave Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: E. Carr Edwin J. Carr Jr.	Date: 01/04/06 (813) 930-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	