
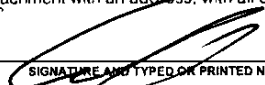


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90105 009 \*\*\*150.00

<b>DOCUMENT # P03000066152</b> 1. Entity Name <b>CARLL S. BURR, JR., INC.</b>					
Principal Place of Business <b>100 AIRPORT AVENUE VENICE, FL 34285</b>			Mailing Address <b>100 AIRPORT AVENUE VENICE, FL 34285</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>11-1582401</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BURR, CARLL S III 100 AIRPORT AVENUE VENICE, FL 34285</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURR, CARLL S III 100 AIRPORT AVE. VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURR, CARLL S JR 3730 CADBURY CIRCLE, UNIT #916 VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SVILOKOS, PAUL 8455 MANASOTA KEY RD ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BURR, BARBARA 3730 CADBURY CIRCLE, UNIT #916 VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DESJARDINS, SR, DALE E 231 S. TAMiami TRAIL NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARRIGO, MELISSA 4296 SYLVANIA AVENUE NORTH PORT, FL 34287</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T BURR, BARBARA 3730 CADBURY CIRCLE, UNIT 916 VENICE, FL 34293</b>				
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.					
<b>SIGNATURE:</b>  <b>CARLL S. BURR, III</b>					
Date <b>4/20/06</b> Daytime Phone # <b>941-484-3100</b>					