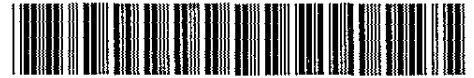


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

DOCUMENT # P04000007964 1. Entity Name CARROLL WORTH, INC.			
Principal Place of Business 284 W 68TH ST JACKSONVILLE FL 32208		Mailing Address 284 W 68TH ST JACKSONVILLE FL 32208	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State Jacksonville Florida		City & State _____	
Zip 32208		Country Dural	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WORTH, CARROLL 284 W 68TH ST JACKSONVILLE FL 32208	
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 <i>Carroll E. Worth</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME WORTH, CARROLL		NAME _____	
STREET ADDRESS 284 W 68TH ST		STREET ADDRESS _____	
CITY-ST-ZIP JACKSONVILLE FL 32208		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	

U000000520816
05/02/06-80111-008 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carroll E. Worth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #