


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM-**  
**Secretary of State**

**DOCUMENT # P04000047037**

1. Entity Name  
**KART KARE OF CENTRAL FLORIDA INC.**



Principal Place of Business <b>1112 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>	Mailing Address <b>1112 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>
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**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-P CR2E034 (11/05)

4. FEJ Number <b>01-0807011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ROBERT R  
1112 MEADOW LAKE LANE  
WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1111000036803  
05/08/06-80104-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SMITH, ROBERT R 1112 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STV SMITH, DIANE 1112 MEADOW LARK LANE WINTER HAVEN, FL 33884</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Robert R Smith* **Robert R SMITH** **4-17-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #