


FILED
Mar 13, 2006 8:00 am
Secretary of State

66004813

DOCUMENT # P05000042806		Secretary of State 03-13-2006 90271 001 ***300.00	
1. Entity Name CAR-O-PRACOR, INC.			
Principal Place of Business 3969 CLARK RD GREEN COVE SPRINGS, FL 32043		Mailing Address 3969 CLARK RD GREEN COVE SPRINGS, FL 32043	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CLARK, HERMON 3969 CLARK RD GREEN COVE SPRINGS, FL 32043		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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, HERMON 3969 CLARK RD GREEN COVE SPRINGS, FL 32043 <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	TD CLARK, ANNE 3969 CLARK RD GREEN COVE SPRINGS, FL 32043 <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
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: _____		3-10-06 (904) 284-3839	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT # P05000053375 & P05000042806
66004813
Dale S. Wilson
Attorney at Law

718 N. ORANGE AVENUE
P.O. BOX 1808
GREEN COVE SPRINGS, FLORIDA
32043

TELEPHONE:
GREEN COVE SPRINGS
(904) 284-5618

ORANGE PARK
JACKSONVILLE
MIDDLEBURG
(904) 264-1512
FAX (904) 284-5937

March 10, 2006

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: IDID, Inc.
Car-O-Proctor, Inc.

Dear Sirs:

Enclosed please find annual reports and annual fee for two (2) corporations:

IDID, Inc.
Car-O-Proctor, Inc.

Sincerely,

Dale S. Wilson
Dale S. Wilson

DSWcz
Enclosed