

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04/24/2006 90399 012 ***150.00
ANI) P05000058047
FILED

06 MAY -9 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSC

DOCUMENT # P05000058047 1. Entity Name CARSON DEVELOPMENT CORP.					
Principal Place of Business 3025 NATHAN LANE TALLAHASSEE, FL 32308			Mailing Address 3025 NATHAN LANE TALLAHASSEE, FL 32308		
2. Principal Place of Business 2509 Barrington Circle Suite, Apt. #, etc.		3. Mailing Address 2509 Barrington Circle Suite, Apt. #, etc.			
City & State Tallahassee, Florida		City & State Tallahassee, Florida		4. FEI Number 20-2736300	
Zip 32308		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARRETT, JAMES 3025 NATHAN LANE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name James Jarrett Street Address (P.O. Box Number is Not Acceptable) 2509 Barrington Circle City Tallahassee FL Zip Code 32308	
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JARRETT, JAMES 3025 NATHAN LANE TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Jarrett, James 2509 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WALLACE, RON P 3025 NATHAN LANE TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Wallace, Ron P 2509 Barrington Circle Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>James Jarrett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/21/06 (850) 531-0087 Date Daytime Phone #		