2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # P05000074217 1. Entity Name BRUCE CRAIG CARR, P.A.							03-15-2006 9	0086 04	5 ***150	0.00
,	ce of Business		iling Address							
8621 CHAMPIONS POINTE Unit #504			8621 CHAMPIONS POINTE Unit #504							
	ND, FL 34113 US		ARCO ISLAND, FL 34	1113	US	4 10011001 74 00	IPI AIRII SPIIN SEIS BERI	 	P.S. (1881-1181)	01831 St (801
2. Principal Place of Business		3. N	3. Mailing Address							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			01302006	Chg-P	CR2E0	34 (11/05)	
City & State		C	City & State			4. FEI Number				oplied For
Zip 🔾 Country		Z	Zip Cour		ntry	20-28			\$8.75 Ad	ot Applicable
						5. Certificate of	Status Desired		Fee Require	
	6. Name and Address of Cur	rent Registe	ered Agent		Name	7. Name and A	ddress of New R	egistered A	Agent	
CARR, BR	RUCE C									
8621 CHAMPIONS POINTE UNIT #504					Street Address	(P.O. Box Number	s Not Acceptable	·)		
NAPLES,										
					City			FL	Zip Coc	de
The above named entity submits this statement for the purpose of changing its reg				register	ed office or registe	red agent, or both,	in the State of Flo		lamiliar with,	and accept
the obliga	tions of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
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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 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: _

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

218/367-3360

Daytime Phone #