

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000059955**

1. Entity Name

C. A. R. INVESTMENT, INC.



Principal Place of Business

1815 N STATE  
RD 7

MARGATE, FL 33063 US

Mailing Address

1815 N STATE  
RD 7

MARGATE, FL 33063 US



01252008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0443117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PAFFORD, C  
1815 N STATE RD 7  
MARGATE, FL 33063

**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

*Curt Pafford*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000876576  
04/11/08-80079-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PAFFORD, CURTIS  
STREET ADDRESS 1815 N STATE RD 7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE D  
NAME WILLIAMS, RICHARD  
STREET ADDRESS 1815 N STATE RD 7  
CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/08

954  
933-9539