2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000013054

1. Entity Name
MAXINE F. CARR, ED.D., P.A.

Principal Place of Business
157 E. NEW ENGLAND AVE.
SUITE 450
WINTER PARK FL 32789

Mailing Address
157 E. NEW ENGLAND AVE.
SUITE 450
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Street Address, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3219811

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, MAXINE F ED.D.
157 E. NEW ENGLAND AVE.
SUITE 450
WINTER PARK FL 32789

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: Maxine F Carr, Ed.D. P.A. DATE: 1.20.06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS

D ☐ Delete
CARR, MAXINE F
157 E. NEW ENGLAND AVE. #450
WINTER PARK FL 32789

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

U00000397582
01/30/06-80054-015 150.00

☐ Change ☐ Add

☐ Change ☐ Add

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maxine F Carr, Ed.D. P.A. 1.20.06 628-2283 (407)