2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000030724

1. Entity Name
CARSON, CARSON & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS DRIVE STE 106 TALLAHASSEE, FL 32308-5433 US	1815 MICCOSUKEE COMMONS DRIVE STE 106 TALLAHASSEE, FL 32308-5433 US

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3314222

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARSON, BRENDA M
1815 MICCOSUKEE COMMONS DRIVE
STE 106
TALLAHASSEE, FL 32308

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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 _____ DATE
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

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

000000551834
05/13/06-80116-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARSON, R S
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR STE 106
CITY-ST-ZIP	TALLAHASSEE, FL 323085433
TITLE	VSTD
NAME	CARSON, BRENDA M
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR, STE 106
CITY-ST-ZIP	TALLAHASSEE, FL 323085433
TITLE	VPD
NAME	CARSON, HARRY B
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR. STE 106
CITY-ST-ZIP	TALLAHASSEE, FL 323085433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brenda M. Carson 4/28/2006 (850) 894-1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #