


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000030724 1. Entity Name CARSON, CARSON & ASSOCIATES, P.A.	
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Principal Place of Business 1815 MICCOSUKEE COMMONS DRIVE STE 106 TALLAHASSEE, FL 32308-5433 US	Mailing Address 1815 MICCOSUKEE COMMONS DRIVE STE 106 TALLAHASSEE, FL 32308-5433 US
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 APR 30 AM 10:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3314222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARSON, R S 1815 MICCOSUKEE COMMONS DR STE 106 TALLAHASSEE, FL 323085433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CARSON, BRENDA M 1815 MICCOSUKEE COMMONS DR, STE 106 TALLAHASSEE, FL 323085433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CARSON, HARRY B 1815 MICCOSUKEE COMMONS DR. STE 106 TALLAHASSEE, FL 323085433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

600101585296  
05/04/07--01020--011 \*\*150.00

*[Handwritten Signature]*

**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 all other like empowered.

SIGNATURE: *[Handwritten Signature]* 4/28/07 (850) 385-9267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #