2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000100716

1. Entity Name
CARL'S DOWNTOWN, INC.

Principal Place of Business	Mailing Address
187 175TH TERR REDINGTON SHORES, FL 33708 US	187 175TH TERR REDINGTON SHORES, FL 33708 US

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3417910

☐ Applied For
☐ Not Applicab

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUERSTMAN, CARL
187 175TH TERR
REDINGTON SHORES, FL 33708

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 accep the obligations 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 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 | |

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	FUERSTMAN, CARL
STREET ADDRESS	187 175TH TERR
CITY-ST-ZIP	REDINGTON SHORES, FL 33708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/24/06-80035-016 150.00

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 directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Fuerst*   CARL FUERSTMAN 1/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #