## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P98000055645  1. Entity Name RONALD K. CARR, INC.						01-17-2006 90270 019 ***150.00				
Principal Place 4612 PARAD DESTIN, FL 3	<del>ISE ISLES</del> 4 <i>3</i> 47 <i>S</i> ፖ	DNEBRIDGE 4	Hailing Address 1 <del>612 PARADISE ISLES (</del> DESTIN, FL 32541 (	13475 JS	<i>ТочЕвп</i> 106 RO	6 ·	400			
2. Principal Pl	lace of Business	3.	Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State		4. FEI Number 56-3545	437		<del></del>	plied For t Applicable	
Zip Country			Zip Country			5. Certificate of	Status Desired		8.75 Add	
	6. Name and Addre	ess of Current Regis	stered Agent			7. Name and A	ddress of New R			
CARR, RONALD K					Name					
4612 PARADISE ISLES 4347 STONEBRIDGE RED DESTIN, FL 32541				ے د	Street Address (P.O. Box Number is Not Acceptable)					
				<u> </u>	City				Zip Code	
The above named entity submits this statement for the purpose of changing its re-										
	named entity submits t ions of registered agent		purpose of changing its r	registered	office or register	ed agent, or both	in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed or printed nam		MOTE AND THE PROPERTY OF THE P	- Otored Se	gent signature required	(settoro reinstatting)		DATE		<u>.                                    </u>
	Signature, typed or printed ham	e or registered agent and sub-	тарриодия. (чоте.	. negistared Ag	Seut officerore reduces	- What Tell Islanding)		OAIL		!
FILI After Ma	E NOW!!! FEE IS ay 1, 2006 Fee w	\$150.00 ill be \$550.00	9. Election Campaig Trust Fund Contri			.00 May Be ed to Fees				
After Ma	ay 1, 2006 Fee w	\$150.00 fill be \$550.00 DEFICERS AND DIRE	Trust Fund Contri	ibution.		ed to Fees	HANGES TO OFF			
After Ma	ay 1, 2006 Fee w	ill be \$550.00 OFFICERS AND DIRE	Trust Fund Contri	11.		ed to Fees	HANGES TO OFF		DIRECTORS	S IN 11
After Ma	P CARR, RONALD K	III be \$550.00 DEFICERS AND DIRE	Trust Fund Contri	11. TITLE NAME	AODRESS Add	ed to Fees	HANGES TO OFF			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: Honald &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850.865.2478