## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 28, 2007 08:00 AM Secretary of State DOCUMENT # P98000055645 RONALD K. CARR, INC. Principal Place of Business Mailing Address 4347 STONEBRIDGE RD 4347 STONEBRIDGE RD DESTIN, FL 32541 US DESTIN, FL 32541 US No Chg-P CR2E034 (11/05) 02252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-3545437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARR, RONALD K 4347 STONEBRIDGE RD DESTIN, FL 32541 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. Signature, typed or printed name of registered agent and title if populcable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME CARR, RONALD K STREET ADDRESS 4347 STONEBRIDGE RD **DESTIN, FL 32541** COY-ST-7IP TITLE NAME CARR, DELLE L 4612 PARADISE ISLES 03/08/07-90020-012 150.00 STREET ADDRESS CITY-ST-ZIP **DESTIN, FL. 32541** DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 rry signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper 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:

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/26/07 (850)865.247

**FILED** 

Daytime Phone