


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90085 006 ***150.00

DOCUMENT # P99000028061	
1. Entity Name DAVID P. CARR, CPA, P.A.	

Principal Place of Business 12065 METRO PKWY 101 FORT MYERS, FL 33912	Mailing Address 12065 METRO PKWY 101 FORT MYERS, FL 33912
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40009671



2. Principal Place of Business - No P.O. Box # 12065 METRO PKWY Suite, Apt. #, etc. SUITE 101 City & State FORT MYERS, FL Zip 33966	3. Mailing Address 12065 METRO PKWY Suite, Apt. #, etc. SUITE 101 City & State FORT MYERS, FL Zip 33966
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02012007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0907597	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 CARR, DAVID P 12065 METRO PARKWAY 101 FORT MYERS, FL 33912	
7. Name and Address of New Registered Agent Name CARR DAVID P Street Address (P.O. Box Number is Not Acceptable) 12065 METRO PKWY SUITE 101 City FORT MYERS, FL Zip Code 33966	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, DAVID P 1533 SW 49TH STREET CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07

239-791-1040