

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075113

Entity Name: C.A.R. INSURANCE, INC.

FILED  
Jan 30, 2006  
Secretary of State

## Current Principal Place of Business:

21 OLD KINGS ROAD, NORTH  
SUITE B-108  
PALM COAST, FL 32137

## Current Mailing Address:

21 OLD KINGS ROAD, NORTH  
SUITE B-108  
PALM COAST, FL 32137

FEI Number: 59-3594193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

17 OLD KINGS ROAD, NORTH  
SUITE R  
PALM COAST, FL 32137

## New Mailing Address:

99 OLD KINGS ROAD, SOUTH  
SUITE #3  
FLAGLER BEACH, FL 32136

## Name and Address of Current Registered Agent:

CONSER, ANNA  
21 OLD KINGS ROAD, NORTH  
SUITE B-108  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

CONSER, ANNA  
17 OLD KINGS ROAD, NORTH  
SUITE R  
PALM COAST, FL 32137 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/30/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CONSER, ROBERT W  
Address: 21 OLD KINGS ROAD, NORTH, SUITE B-108  
City-St-Zip: PALM COAST, FL 32137

Title: VTD ( ) Delete  
Name: CONSER, ANNA G  
Address: 21 OLD KINGS ROAD, NORTH, SUITE B-108  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: CONSER, ROBERT W  
Address: 17 OLD KINGS ROAD, NORTH, SUITE R  
City-St-Zip: PALM COAST, FL 32137

Title: VTD (X) Change ( ) Addition  
Name: CONSER, ANNA G  
Address: 17 OLD KINGS ROAD, NORTH, SUITE R  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA G CONSER

Electronic Signature of Signing Officer or Director

VTD

01/30/2006

Date