


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 017 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H36909

1. Entity Name
CARTER'S NURSERY, INC.



Principal Place of Business 543 CF KINNEY RD. LAKE WALES, FL 33859	Mailing Address 543 CF KINNEY RD. LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1816906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, VINCENT T
 543 CF KINNEY RD.
 LAKE WALES, FL 33853

**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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CARTER, VINCENT THOMAS 543 CF KINNEY RD. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Judy G. McCullough 543 C.F. Kinney Rd LAKE WALES, FLA 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. William P. McCullough - 543 C.F. Kinney LAKE WALES, FLA. 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 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 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: Judy G. McCullough 4/10/08 863-439-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #