2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # L19986

1. Entity Name
M.L. CARTER DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
3333 S ORANGE AVE STE 200 ORLANDO, FL 32806-8500 US	P.O. BOX 568821 ORLANDO, FL 32856-8821 US

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2977457
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, MAURY L.
3333 S ORANGE AVE
STE 200
ORLANDO, FL 32806-8500

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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. ☐ **$5.00** May Be Added to Fees

U00000871119
04/09/08-80118-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVAT
NAME	POITRAS, JAMES W.
STREET ADDRESS	3100 SPRINGHEAD CT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	DT
NAME	POITRAS, PATRICIA T.
STREET ADDRESS	3100 SPRINGHEAD CT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	DVP
NAME	POITRAS, EDWARD W
STREET ADDRESS	27 LK HAMILTON BCH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DVP
NAME	POITRAS, KAY G
STREET ADDRESS	27 LK HAMILTON BCH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DPAT
NAME	CARTER, MAURY L.
STREET ADDRESS	3333 S ORANGE AVE STE 200
CITY-ST-ZIP	ORLANDO, FL 328068500
TITLE	DAVP
NAME	CARTER, DARYL M.
STREET ADDRESS	3333 S ORANGE AVE STE 200
CITY-ST-ZIP	ORLANDO, FL 328068500

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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: Daryl M Carter 03/07/2008 407 422 3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #