2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State
JAN 22 2008

DOCUMENT # L27654

1. Entity Name

CARTER CONSTRUCTION OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
2458 NW 15 PLACE GAINESVILLE FL 32605 US	2458 NW 15 PLACE GAINESVILLE FL 32605 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2750837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARPENTER, RONALD A. 5608 NW 43RD STREET GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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's signature required when changing it)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

4/4/8 4600

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, RONALD A		NAME	U00000883225
STREET ADDRESS	5608 NW 43 STR		STREET ADDRESS	04/16/08-80072-017 150.00
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTER, IRA J IV		NAME	
STREET ADDRESS	2458 NW 15 PALCE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTER, SUSAN B		NAME	
STREET ADDRESS	2458 NW 15 PLACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTER, IRA J V		NAME	
STREET ADDRESS	2458 NW 15 PLACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLACKFE[illegible]		NAME	
STREET ADDRESS	2458 NW 15TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: IRA J CARTER IV 352.377-5682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #