

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L27654

1. Entity Name

CARTER CONSTRUCTION OF GAINESVILLE, INC.



Principal Place of Business

2458 NW 15 PLACE
GAINESVILLE FL 32605
US

Mailing Address

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

4. FEI Number

59-2750837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent Signature required when consolidating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CARPENTER, RONALD A	
STREET ADDRESS	5608 NW 43 STR	
CITY- ST- ZIP	GAINESVILLE FL 32606	
TITLE	P	☐ Delete
NAME	CARTER, IRA J IV	
STREET ADDRESS	2458 NW 15 PALCE	
CITY- ST- ZIP	GAINESVILLE FL 32605	
TITLE	VP	☐ Delete
NAME	CARTER, SUSAN B	
STREET ADDRESS	2458 NW 15 PLACE	
CITY- ST- ZIP	GAINESVILLE FL 32605	
TITLE	VP	☐ Delete
NAME	CARTER, IRA J V	
STREET ADDRESS	2458 NW 15 PLACE	
CITY- ST- ZIP	GAINESVILLE FL 32605	
TITLE	VP	☐ Delete
NAME	BLACK, ELLIOTT	
STREET ADDRESS	2458 NW 15TH PLACE	
CITY- ST- ZIP	GAINESVILLE FL 32605	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

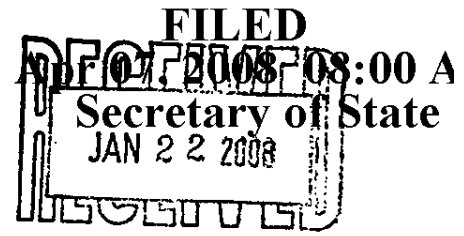
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitize Phone #



IRA J. CARTER IV 352.397.5682