


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90181 029 ***150.00

DOCUMENT # P03000097551

1. Entity Name
R. J. CARTER PLUMBING, INC.



Principal Place of Business Mailing Address

810 ORANGE OAK DRIVE **810 ORANGE OAK DRIVE**
ORANGE CITY, FL 32763 00 **ORANGE CITY, FL 32763 00**

50044772



2. Principal Place of Business 3. Mailing Address

1613 Lake Dr **1613 Lake Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State City & State

Deland, FL **Deland, FL**

Zip Country Zip Country

32724 **32724** **FL** **32724**

4. FEI Number Applied For

13-4263625 Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, RUSSELL J
810 ORANGE OAK DR.
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name

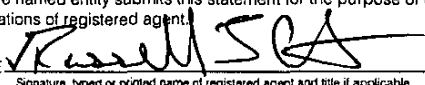
Street Address (P.O. Box Number is Not Acceptable)

1613 Lake Drive

City State Zip Code

Deland FL 32724

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: **4/25/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> Delete
NAME	CARTER, RUSSELL J	
STREET ADDRESS	810 ORANGE OAK DR.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, REBA S	
STREET ADDRESS	2701 N. LEAVITT AVE.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	BROOKS, KERRI N	
STREET ADDRESS	810 ORANGE OAK DR.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL J. CARTER	
STREET ADDRESS	1613 LAKE DR.	
CITY-ST-ZIP	DELAND, FLORIDA 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRI N. BROOKS	
STREET ADDRESS	6003-E. PLYMOUTH AVE	
CITY-ST-ZIP	DELAND, FLORIDA 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/25/05** DAYTIME PHONE #: **386-736-4220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #