

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071203

**FILED**  
**Apr 24, 2004**  
**Secretary of State**

**Entity Name:** CARTY CORP.

**Current Principal Place of Business:**

16109 BELLE MEADE BOULEVARD  
ODESSA, FL 33556

**New Principal Place of Business:**

7414 NORTH MOBLEY RD  
ODESSA, FL 33556

**Current Mailing Address:**

PO BOX 271346  
TAMPA, FL 33688 US

**New Mailing Address:**

7414 NORTH MOBLEY RD  
ODESSA, FL 33556 US

**FEI Number:** 65-0934271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTY, GLEN  
16109 BELLE MEADE BLVD  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

CARTY, GLEN  
7414 NORTH MOBLEY RD  
ODESSA, FL 33556 US

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.

SIGNATURE: GLEN CARTY

04/24/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARTY, GLEN  
Address: PO BOX 271346  
City-St-Zip: TAMPA, FL 33688

Title: D ( ) Delete  
Name: CARTY, KAREN  
Address: PO BOX 271346  
City-St-Zip: TAMPA, FL 33688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CARTY, GLEN  
Address: 7414 NORTH MOBLEY RD  
City-St-Zip: ODESSA, FL 33556 US

Title: D (X) Change ( ) Addition  
Name: CARTY, KAREN  
Address: 7414 NORTH MOBLEY RD  
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN CARTY

D

04/24/2004

Electronic Signature of Signing Officer or Director

Date