


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000104626

1. Entity Name
CARTCO, INC.



Principal Place of Business
**800 N SEMORAN BLVD.
ORLANDO, FL 32807-3449**

Mailing Address
**1829 MEADOWBEND DR.
LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3611367

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, FRANK C
1829 MEADOWBEND DR.
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, FRANK C 1829 MEADOWBEND DR. LONGWOOD, FL 327503318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, SHIRLEY R 1829 MEADOWBEND DR. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000096236
03/25/04-80022-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley Carter **Shirley Carter** **3/22/04** **407-332-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #