

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90256 026 ***150.00

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DOCUMENT # 210794 1. Entity Name CARTER INVESTMENT COMPANY INC			
Principal Place of Business JAMES L CARTER 2730 COLLEGE ST JACKSONVILLE, FL 32205-7412		Mailing Address JAMES L CARTER 2730 COLLEGE ST JACKSONVILLE, FL 32205-7412	
2. Principal Place of Business Vicki Ann Carter Suite, Apt. #, etc. 1987 Woodlake Drive		3. Mailing Address Vicki Ann Carter Suite, Apt. #, etc. 1987 Woodlake Drive	
City & State Orange Park, FL Zip 32003		City & State Orange Park, FL Zip 32003	
Country USA		Country USA	
4. FEI Number 59-0836438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, JAMES L 2730 COLLEGE ST. JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Vicki Ann Carter Street Address (P.O. Box Number is Not Acceptable) 1987 Woodlake Drive City Orange Park	
State FL		Zip Code 32003	
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 <u>Vicki Ann Carter</u> DATE <u>7-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 3e Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME CARTER, MARGARET H STREET ADDRESS 2730 COLLEGE ST CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Robin Carter Love STREET ADDRESS 1740 Edgewood Ave. CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME CARTER, JUDY R STREET ADDRESS 2730 COLLEGE ST CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE STD NAME Lois Estelle Waller STREET ADDRESS 2730 College St. CITY-ST-ZIP JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME CARTER, JAMES L STREET ADDRESS 2730 COLLEGE ST CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Vicki Ann Carter STREET ADDRESS 1987 Woodlake Drive CITY-ST-ZIP Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Vicki Ann Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/1/06</u> Daytime Phone # _____	