

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 021 ***158.75

DOCUMENT # 240928

1. Entity Name
CARTER & VERPLANCK, INC.



Principal Place of Business
**4918 W GRACE ST
P.O. BOX 24169
TAMPA, FL 33623-4169**

Mailing Address
**4918 W GRACE ST
P.O. BOX 24169
TAMPA, FL 33623-4169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0913697

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERPLANCK, GEORGE B.
4918 W GRACE STREET
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**C
VERPLANCK, GEORGE
2912 WEST CHAPIN AVE
TAMPA, FL 33611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WALKER, C. KENNETH III
4101 SAN LUIS STREET
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHIBANI-SAADE M.
4923 ANDROS DRIVE
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARTWIG, DAVID
12004 MIDDLEBURY DRIVE
TAMPA, FL 33626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STC
LIGHTFOOT, BRENDA
1300 N. 86 TERR
SAINT PETERSBURG, FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**4928 ST. CROIX DRIVE
TAMPA, FL 33629**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**9100 DR MARTIN LUTHER KING JR ST. N. #205
SAINT PETERSBURG, FL 33702**

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

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: *Brenda Lightfoot* **BRENDA LIGHTFOOT**

01-13-04

813-287-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #