2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 240928

1. Entity Name
CARTER & VERPLANCK, INC.

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

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	VERPLANCK, GEORGE
STREET ADDRESS	2912 WEST CHAPIN AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	WALKER, KENNETH C III
STREET ADDRESS	4901 LYFORD CAY ROAD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	P
NAME	CHIBANI, SAADE M.
STREET ADDRESS	4928 ST. CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V
NAME	HARTWIG, DAVID
STREET ADDRESS	12004 MIDDLEBURY DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	STC
NAME	LIGHTFOOT, BRENDA
STREET ADDRESS	6183 DARTMOUTH AV N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80168-003 158.75

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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: Brenda Lightfoot BRENDA LIGHTFOOT 3-22-06 813-287-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #