## 2007 FOR PROFIT CORPORATION

SIGNATURE.

10.

TITLE NAME

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NAME STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4928 ST. CROIX DRIVE

12004 MIDDLEBURY DRIVE

**TAMPA FL 33629** 

HARTWIG, DAVID

**TAMPA, FL 33626** 

LIGHTFOOT, BRENDA

6183 DARTMOUTH AV N

SAINT PETERSBURG, FL 33710

STC

CITY-ST-ZIP

## Mar 19, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # 240928** 03-19-2007 90062 001 \*\*\*158.75 1. Entity Name CARTER & VERPLANCK, INC. Principal Place of Business Mailing Address 4918 W GRACE ST 4918 W GRACE ST P.O. BOX 24169 P.O. BOX 24169 TAMPA, FL 33623-4169 TAMPA, FL 33623-4169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4910 W. CYPRESS ST. P.O. BOX 24169 Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number TAMPA TAMPA 59-0913697 Not Applicable Zip 33623 Country Country \$8.75 Additional 5. Certificate of Status Desired 33607 U.S. 4.5. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERPLANCK, GEORGE B. Street Address (P.O. Box Number is Not Acceptable) 4910 WEST CYPRESS ST. 4910 W-GRACE STREET TAMPA, FL 33607 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition VERPLANCK, GEORGE NAME 2912 WEST CHAPIN AVE STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WALKER, KENNETH C III NAME STREET ADDRESS 4901 LYFORD CAY ROAD TAMPA, FL 33629 CITY-ST-ZIP TITLE □ Change ☐ Addition ☐ Delete CHIBANI, SAADE M. NAME:

FILED

☐ Change

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☐ Change

Addition

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☐ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-2IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

Delete

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