2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90102 010 ***158.75

DOCUMENT # 240928

1. Entity Name
CARTER & VERPLANCK, INC.

Principal Place of Business	Mailing Address
4910 W. CYPRESS STREET TAMPA, FL 33607	P.O. BOX 24169 TAMPA, FL 33623

01052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
VERPLANCK, GEORGE B. 4910 W. CYPRESS STREET TAMPA, FL 33607	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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	D (DIRECTOR)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ WALKER, KENNETH C III 4901 LYFORD CAY ROAD TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P (PRESIDENT)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ CHIBANI, SAADE M. 4928 ST. CROIX DRIVE TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C (CHIEF EXEC. OFFICER)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARTWIG, DAVID 12004 MIDDLEBURY DRIVE TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STC LIGHTFOOT, BRENDA 6183 DARTMOUTH AV N SAINT PETERSBURG, FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 01/05/08 (813) 287-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #