

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90256 029 \*\*\*150.00

**DOCUMENT # 293214**

1. Entity Name  
JAY CARTER PROPERTIES, INC.



60035772



Principal Place of Business  
2730 COLLEGE ST  
JACKSONVILLE, FL 32205

Mailing Address  
2730 COLLEGE ST  
JACKSONVILLE, FL 32205

2. Principal Place of Business  
1987 woodlake Dr.

3. Mailing Address  
1987 Woodlake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State  
Orange Park, FL  
Zip 32003 Country USA

City & State  
Orange Park, FL  
Zip 32003 Country USA

4. FEI Number  
59-2422418  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CARTER, JAMES L  
2730 COLLEGE ST  
JACKSONVILLE, FL

**7. Name and Address of New Registered Agent**

Name Teresa Harrington

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 *Teresa Harrington*

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, 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 STD  
NAME WALLER, L. ESTELLE ☐ Delete  
STREET ADDRESS 2730 COLLEGE ST  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE PD  
NAME CARTER, JAMES L ☒ Delete  
STREET ADDRESS 2730 COLLEGE ST  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE PD  
NAME Vicki Ann Carter ☐ Change ☒ Addition  
STREET ADDRESS 1987 Woodlake Drive  
CITY-ST-ZIP Orange Park, FL 32003

TITLE VD  
NAME Robin Carter Love ☐ Change ☒ Addition  
STREET ADDRESS 1740 Edgewood Ave. S.  
CITY-ST-ZIP Jacksonville, FL 32205

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, 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:

*Vicki Ann Carter*

5/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #