

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90201 009 \*\*\*150.00

**DOCUMENT # 293214**

1. Entity Name

JAY CARTER PROPERTIES, INC.



Principal Place of Business

1987 WOODLAKE DR.  
ORANGE PARK FL 32003

Mailing Address

1987 WOODLAKE DR.  
ORANGE PARK FL 32003



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

2730 College ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JACKSONVILLE FL.

4. FEI Number 59-2422418

Applied For

Not Applicable

Zip

Country

Zip

Country

32205 DULVA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, TERESA  
2730 COLLEGE ST  
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name

VICKI ANN CARTER

Street Address (P.O. Box Number is Not Acceptable)

1987 WOODLAKE DR.

City

ORANGE PARK

FL

Zip Code

32003

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: Vicki Ann Carter VICKI ANN CARTER 4-3-07

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE: PD  
NAME: ANN CARTER, VICKI  
STREET ADDRESS: 1987 WOODLAKE DRIVE  
CITY-ST-ZIP: ORANGE PARK FL 32003 ☐ Delete

TITLE: VD  
NAME: CARTER LOVE, ROBIN  
STREET ADDRESS: 1740 EDGEWOOD AVE. S.  
CITY-ST-ZIP: JACKSONVILLE FL 32205 ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Vicki Ann Carter VICKI ANN CARTER 4-3-07 384-5000 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #