## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 556621** 

Entity Name: NOLAN CARTER, P.A.

FILED May 10, 2006 Secretary of State

| Entity Na                                     | me: NOLAN (   | JARTER, P.A.  |   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place of                      | New Principal Place of Business:           |  |
|   | T ROBINSON<br>D, FL 32801                           | ST  | 1861 BLUERIDGE RD<br>WINTER PARK, FL 32     | 1861 BLUERIDGE RD<br>WINTER PARK, FL 32789 |  |
| Current Mailing Address:                      |   |   | New Mailing Address                         | New Mailing Address:                       |  |
|   | T ROBINSON<br>D, FL 32801                           | ST  | POST OFFICE BOX 22<br>ORLANDO, FL 32802     | 229  |  |
| FEI Number                                    | : 59-1786936  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )          |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address of New Registered Agent:   |  |  |
| WINTER F                                      | NIA DRIVE<br>PARK, FL 327                           |   | purpose of changing its registered          | l office or registered agent, or both,     |  |
| SIGNATU                                       |   |   |   |  |  |
| Election Ca                                   | nce with s. 607.19                                  | nic Signature of Registered Ag<br>03(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution ( ).<br>ETORS: | oot receive the prior notice.               | Date S TO OFFICERS AND DIRECTORS:          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PVS (<br>CARTER, NOL<br>541 VIRGINIA<br>WINTER PARK | DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                    |  |
| Title:<br>Name:<br>Address:<br>Citv-St-Zip:   | T (<br>CARTER, NOL<br>541 VIRGINIA<br>WINTER PARK   | DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                    |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOLAN CARTER PVS 05/10/2006