2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2005 8:00 am DOCUMENT # F00000003342 **Secretary of State** 1. Entity Name 1 02-23-2005 90061 009 ***150.00 CARTER SALES CO, INC. Principal Place of Business Mailing Address 5417 SUGAR MILL DR. FLOWERY BRANCH GA 30542 5417 SUGAR MILL DR. FLOWERY BRANCH GA 30542 1034 EMERAL BAY DR DESTIN FIM 3. Mailing Address / U BY EMERAL BIJY 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 58-1403281 DESTIN Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired NKA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARTER, KEN Street Address (P.O. Box Number is Not Acceptable) 1084 EMERALD BAY DR. DESTIN FL 32541 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 agenty Z-18-05 Registers Agent FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CANTEN, Kernsett A. 1084 EMELATUL BAY IN DESTIN FLA 32541 Addition Change TITLE CDT ☐ Defete TITI E CARTER, KENNETH A NAME NAME 5417 SUGAR MILL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLOWERY BRANCH GA CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CARTER, AMELIA C NAME NAME 1084 EMERALD BAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **∏** Othange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 are 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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR

FILED

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