

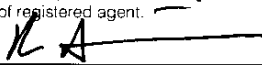
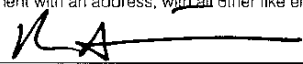
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90015 048 ***150.00

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DOCUMENT # F02000001710					
1. Entity Name R.A. CARITHERS COMPANY					
Principal Place of Business 105 PLANTERS ROW WEST PONTE VEDRA BEACH, FL 32082			Mailing Address 105 PLANTERS ROW WEST PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 132 Laurel Lane			Suite, Apt. #, etc. 132 Laurel Lane		
City & State Ponte Vedra Fc			City & State Ponte Vedra Fc		
Zip 32082		Country USA		4. FEI Number 58-1969390	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARITHERS, ROBERT A 105 PLANTERS ROW WEST PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 132 Laurel Lane 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: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PCS CARITHERS, ROBERT A 105 PLANTERS ROW WEST PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	132 Laurel Lane ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARITHERS, DEVRIES F 105 PLANTERS ROW WEST PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	132 Laurel Lane ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: 			Robert A. Carithers 1.9.07 904 285 1503		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		