

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000007526

1. Entity Name  
CARTER BROS. MFG. CO., INC.



Principal Place of Business  
1871 US HWY 231 S  
BRUNDIDGE, AL 36010

Mailing Address  
1871 US HWY 231 S  
BRUNDIDGE, AL 36010

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 63-0458453	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

REGISTERED AGENTS LEGAL SERVICES INC  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARN, JUNE C
STREET ADDRESS	1871 US HWY 231 S
CITY-ST-ZIP	BRUNDIDGE, AL 36010
TITLE	V
NAME	ARN, JONATHAN
STREET ADDRESS	1871 US HWY 231 S
CITY-ST-ZIP	BRUNDIDGE, AL 36010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000957083  
08/04/08-80008-021 158.75

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IN THIS SPACE**

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: \_\_\_\_\_

*June C. Arn* *June C. ARN* 7/30/08 334 735-2301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #