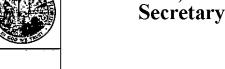
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TAMPA, FL 33606

## ANNUAL REPORT DOCUMENT # G59985 1. Entity Name CARTER & COMPANY ADVERTISING, INC. Principal Place of Business 606 S. BOULEVARD 606 S. BOULEVARD

TAMPA, FL 33606

FILED Mar 25, 2004 08:00 AM Secretary of State





## 03212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2331955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, ANN M DO NOT WRITE 4206 TACON ST. IN THIS SPACE TAMPA, FL 33629 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be 11000000095747 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 03/25/04-80001-009 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME CARTER, WILLIAM E JR STREET ADDRESS 4206 TACON ST. CITY-ST-ZIP TAMPA, FL 33629 TITLE CARTER, ANN M NAME 4206 TACON ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Illiam E. Carter IV. 3

813254-163

Daytime Phone #