


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90227 007 ***150.00

DOCUMENT # G89904 1. Entity Name MARY CARTER FINANCIAL SERVICES, INC.	
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Principal Place of Business 131 SECOND AVE, NORTH SUITE 200 JACKSONVILLE BCH, FL 32250	Mailing Address 131 SECOND AVE, NORTH SUITE 200 JACKSONVILLE BCH, FL 32250
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66019446



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2628258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent HOLBROOK, KATHLEEN F. 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
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**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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____
Signature, typed or printed name of registered agent and use if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CARTER, MARY F. 131 SECOND AVE., NORTH, SUITE 200 JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE
IN THIS SPACE**

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 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: X Mary Carter President 5/23/15 904-246-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #