

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 017 \*\*\*150.00

**DOCUMENT # H36909**

1. Entity Name  
**CARTER'S NURSERY, INC.**



Principal Place of Business  
**543 CF KINNEY RD.  
LAKE WALES, FL 33859**

Mailing Address  
**543 CF KINNEY RD.  
LAKE WALES, FL 33853**



03282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1816906**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**CARTER, VINCENT T  
543 CF KINNEY RD.  
LAKE WALES, FL 33853**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	CARTER, VINCENT THOMAS
STREET ADDRESS	543 CF KINNEY RD.
CITY - ST - ZIP	LAKE WALES, FL
TITLE	P
NAME	Judy G. McCullough
STREET ADDRESS	543 C.F. Kinney Rd
CITY - ST - ZIP	LAKE WALES, FLA 33859
TITLE	V.P.
NAME	William P. McCullough
STREET ADDRESS	543 C.F. Kinney
CITY - ST - ZIP	LAKE WALES, FLA. 33859
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Judy G. McCullough* 4/10/08 863-439-8677