

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54204

FILED
Apr 24, 2009
Secretary of State

Entity Name: GEORGE F. CARTER INSURANCE AGENCY, INC.

Current Principal Place of Business:

8905 CASTLE BLVD.
P. O. BOX 12337
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

8905 CASTLE BLVD. (JAX, FL 32208)
P.O. BOX 12337
JACKSONVILLE, FL 32209

New Mailing Address:

8905 CASTLE BLVD.
P. O. BOX 12337
JACKSONVILLE, FL 32209 US

FEI Number: 59-2699361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, VERONICA H
8905 CASTLE BLVD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

CARTER, VERONICA H
8905 CASTLE BLVD
JACKSONVILLE, FL 32208 US

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.

SIGNATURE: VERONICA H CARTER

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, GEORGE F.
Address: 8905 CASTLE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: 1 VP () Delete
Name: CARTER, VERONICA H
Address: 8905 CASTLE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: CARTER, VERONICA H
Address: 8905 CASTLE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: TREA () Delete
Name: CARTER, VERONICA H
Address: 8905 CASTLE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1 VP (X) Change () Addition
Name: CARTER, VERONICA H
Address: 8905 CASTLE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA H. CARTER

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date