

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54204

FILED
Sep 13, 2011
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:

8905 CASTLE BLVD.
JACKSONVILLE, FL 32208 US

Current Mailing Address:

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

New Mailing Address:

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE F CARTER

PRES

09/13/2011

Electronic Signature of Signing Officer or Director

Date