

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-23-2007 90018 040 ***150.00

DOCUMENT # H76937 1. Entity Name CARTER PROPERTIES OF GAINESVILLE, INC.					
Principal Place of Business 2458 NW 15 PLACE GAINESVILLE FL 32605 US			Mailing Address 2458 NW 15 PLACE GAINESVILLE FL 32605 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2750837 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent CARTER, IRA J. 2458 NW 15 PLACE GAINESVILLE FL 32605			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <i>[Signature]</i> 3-12-7 <i>[Signature]</i> 4237 <i>[Signature]</i> 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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP CARTER, IRA JUDSON, IV 2458 NW 15 PLACE GAINESVILLE FL 32605	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARKLEY, JAMES V. 2458 NW 15 PLACE GAINESVILLE FL 32605	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BLACK, E. 2458 NW 15TH PLACE GAINESVILLE FL 32605	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, and all other like empowered.					
SIGNATURE: <i>[Signature]</i> 3-30-7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					