

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47134

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: CARTERS FISH HATCHERY, INC.

## Current Principal Place of Business:

%JEFF CARTER  
11015 SUMNER ROAD  
WIMAUMA, FL 335989503

## New Principal Place of Business:

## Current Mailing Address:

%JEFF CARTER  
11015 SUMNER ROAD  
WIMAUMA, FL 335989503

## New Mailing Address:

FEI Number: 59-3002100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, JEFF  
11015 SUMNER ROAD  
WIMAUMA, FL 32598 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: CARTER, JEFF  
Address: 11015 SUMNER RD  
City-St-Zip: WIMAUMA, FL 32598

Title: PS ( ) Delete  
Name: CARTER, DARALENE  
Address: 11015 SUMNER RD  
City-St-Zip: WIMAUMA, FL 32598

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEFF CARTER

PT

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date