


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90078 034 ***158.75

DOCUMENT # M60119			
1. Entity Name THE CANTER CORPORATION			
Principal Place of Business 5111-C NORTH OCEAN BLVD. BOYNTON BEACH FL 33435 US		Mailing Address 5111-C NORTH OCEAN BLVD. BOYNTON BEACH FL 33435 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CANTER, CARL H 5111-C N OCEAN BLVD OCEAN RIDGE FL 33435		7. Name and Address of New Registered Agent Name: ROBERTA S. WEHR, PRESIDENT/OWNER Street Address (P.O. Box Number is Not Acceptable): 5111-C N. OCEAN BLVD. City: OCEAN RIDGE, FL Zip Code: 33435	
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>Roberta S. Wehr, President</i> (NOTE: Registered Agent signature required when reinstating) DATE: January 27, 2004			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DS <input type="checkbox"/> Delete	TITLE	CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTER, CARL H.	NAME	CARL H. CANTER
STREET ADDRESS	5111-C N. OCEAN BLVD.	STREET ADDRESS	5111-C N. OCEAN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	PD <input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINE, ROBERTAS	NAME	ROBERTA S. WEHR
STREET ADDRESS	5111-C N. OCEAN BLVD.	STREET ADDRESS	5111-C N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE FL 33435 ✓	CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Roberta S. Wehr, President</i>		ROBERTA S. WEHR, PRESIDENT/OWNER 1/27/04 (561) 265-3221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



MOORE CR2E034 (11/03)

4. FEI Number **65-0006281** Applied For Not Applicable

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