04/28/2005 THU 14:30 FAX

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90510 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M65110

1. Entity Name
CARTER PRITCHETT ADVERTISING, INC.

40077263

Principal Place of Business
P.O. BOX 3657
N. FT. MYERS, FL 33918

Mailing Address
P.O. BOX 3657
N. FT. MYERS, FL 33918

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. BOX 3648	P.O. BOX 3648
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0040754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRITCHETT, RIC
6601 BAYSHORE RD
NORTH FORT MYERS, FL 33917

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARTER, SCOTT		NAME	
STREET ADDRESS	6350 SLATER MILL WAY		STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS, FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRITCHETT, RIC		NAME	
STREET ADDRESS	6601 BAYSHORE RD		STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] 4/28/05 239-543-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #