


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90037 039 \*\*\*150.00

<b>DOCUMENT # M69800</b>		
1. Entity Name <b>FLORIDA CARTER CORPORATION</b>		
Principal Place of Business 12905 PHILLIPS HWY JACKSONVILLE, FL 32256 US		Mailing Address 12905 PHILLIPS HWY JACKSONVILLE, FL 32256 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CARTER, JAMES D SR. 3090 MONUMENT BAY ROAD ST AUGUSTINE, FL 32092		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	S	
NAME	CARTER, JAMES SR.	
STREET ADDRESS	3030 MONUMENT BAY ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	P	
NAME	CARTER, JAMES JR.	
STREET ADDRESS	3090 MONUMENT BAY RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE	VP	
NAME	DANIELS, LINDA	
STREET ADDRESS	7350 S.R. 13 NORTH	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Linda S. Daniels</u> 1-25-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone # <u>As Vice President</u>		