

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90027 030 \*\*\*\*70.00

<b>DOCUMENT # N05000004458</b> 1. Entity Name <b>PATRICIA HILL CARTER INC</b>					
Principal Place of Business <b>2534 N.W.52ND PLACE GAINESVILLE, 32605</b>			Mailing Address <b>2534 N.W.52ND PLACE GAINESVILLE, 32605</b>		
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				7. Name and Address of New Registered Agent	
<b>CARTER, PATRICIA H 2534 N.W.52ND PLACE GAINESVILLE, FL 32605</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME			TITLE	
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	NAME			TITLE	
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	
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TITLE	NAME			TITLE	
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			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 617, 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.					
<b>SIGNATURE: Patricia A. Carter</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/5/06 (352) 219-0556</b> <small>Date Daytime Phone #</small>	



ATTACHMENT  
40030849  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

N05000004458

Business Entity Name

PATRICIA HILL CARTER INC

FEI Number	030560097			
FEI Number Status	Listed Above	Applied For	Not Applicable	
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

## Principal Place of Business

Address 2534 N.W.52ND PLACE  
Suite, Apt. #, etc.  
City, State GAINESVILLE ,  
Zip Code & Country 32605

## Mailing Address

Address 2534 N.W.52ND PLACE  
Suite, Apt. #, etc.  
City, State GAINESVILLE ,  
Zip Code & Country 32605

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) CARTER , PATRICIA , H ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2534 N.W.52ND PLACE

Suite, Apt. #, etc.

City, State GAINESVILLE , FL

Zip Code &amp; Country 32605 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) CARTER , PATRICIA , H ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2534 NW 52ND PLACE  
City, State GAINESVILLE , FL  
Zip Code & Country 32605 US

Title D  
Name (Last, First, Middle, Title) CARTER , RONNY , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2534 NW 52ND PLACE  
City, State GAINESVILLE , FL  
Zip Code & Country 32605 US

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title D