

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 050 ****61.25

DOCUMENT # N96000001432

1. Entity Name

CARTER ERUV, INC.



Principal Place of Business

16189 JOG ROAD
DELRAY BEACH FL 33446

Mailing Address

16189 JOG ROAD
DELRAY BEACH FL 33446

3401-100



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARTIN, NORMAN~~
180 SEVILLE H
DELRAY BEACH FL 33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election, Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☒ Delete
D WALDENBERG, PHILIP
STREET ADDRESS 629 FLANDERS NORTH
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE NAME ☒ Delete
D SURICK, MORRIS
STREET ADDRESS 503 FLANDERS A
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE NAME ☐ Delete
PD MARTIN, NORMAN
STREET ADDRESS 180 SEVILLE H
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☒ Addition
CALHOUN, KENNETH D
STREET ADDRESS 6787 PORTSIDE DR.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE NAME ☐ Change ☒ Addition
D. WENNER, JACOB
STREET ADDRESS 112 WATERFORD E
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
PAROTKY, BILLY D
STREET ADDRESS 15457 LAKE CARDENVA PL
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE NAME ☐ Change ☒ Addition
COHEN, DANIEL D
STREET ADDRESS 140 PIEDMONT C
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 917, 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: NORMAN MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #