

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**


5/3/21

05-03-2004 90734 025 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P00000053355**

1. Entity Name  
**J. CARTER ENTERPRISES, INC.**



Principal Place of Business  
**2730 COLLEGE STREET  
 JACKSONVILLE, FL 32205**

Mailing Address  
**2730 COLLEGE STREET  
 JACKSONVILLE, FL 32205**

**66426504**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3651254**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**CARTER, JAMES L  
 2730 COLLEGE STREET  
 JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent  
 Name  
**Teresa B. Harrington, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**358 Stiles Ave**  
 City **Orange Park** FL Zip Code **32073**

8. The above named entity submits the 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 *Teresa B. Harrington* DATE *5/26/04*  
Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	CARTER, JAMES L	2730 COLLEGE STREET	JACKSONVILLE, FL 32205	<input type="checkbox"/>
VP	CARTER, MARGARET H	2730 COLLEGE STREET	JACKSONVILLE, FL 32205	<input type="checkbox"/>
ST	CARTER, VICKI ANN	2370 WINDCHIME DRIVE	JACKSONVILLE, FL 32224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *James L. Carter* DATE *4/27/04* 904-215-2256  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #