


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000053355

1. Entity Name
J. CARTER ENTERPRISES, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3651254 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRINGTON, TERESA B CPA
358 STILES AVE
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTER, JAMES L 2730 COLLEGE STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARTER, MARGARET H 2730 COLLEGE STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARTER, VICKI ANN 2370 WINDCHIME DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a copy of the empowered.

SIGNATURE: *James L. Carter* **JAMES L. CARTER** 5-2-05 904-3845000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #