

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90256 030 ***150.00

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DOCUMENT # P0000053355					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3651254	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRINGTON, TERESA B CPA 358 STILES AVE ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, JAMES L		NAME	Vicki Ann Carter	
STREET ADDRESS	2730 COLLEGE STREET		STREET ADDRESS	1987 Woodlake Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, MARGARET H		NAME	Lois Estelle Waller	
STREET ADDRESS	2730 COLLEGE STREET		STREET ADDRESS	3730 College Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, VICKI ANN		NAME	Teresa L Harrington	
STREET ADDRESS	2370 WINDCHIME DRIVE		STREET ADDRESS	358 Stiles Ave	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 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>Vicki Ann Carter</u>			Date: <u>5/1/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		