

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000056722

1. Entity Name
J.R. CARTER, INC.



FILED

04 AUG 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1068 SPIRIT LK RD
WINTER HAVEN, FL 33880

Mailing Address
1068 SPIRIT LK RD
WINTER HAVEN, FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3656350

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

BUSH, GEORGE T
205 AVE K SE
WINTER HAVEN, FL 33880

Name *John R. Carter*

Street Address (P.O. Box Number is Not Acceptable)

138 Homewood Drive

City *Winter Haven*

FL Zip Code *33880*

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 *John R. Carter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CARTER, JOHN R
STREET ADDRESS PO BOX 1621
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ Change ☐ Addition
NAME *100041066871*
STREET ADDRESS *09/14/04--01062--008 **61.25*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 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: *John R. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #