2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073137

Entity Name: CARTER PROPERTIES OF JACKSONVILLE, INC.

FILED Jul 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5034 PIRATES COVE ROAD **ORTEGA STATION** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 **New Mailing Address: Current Mailing Address:** P.O. BOX 10 5034 PIRATES COVE ROAD ORTEGA STATION JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 FEI Number: 59-3669615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EYRICK, PETER 5034 PIRATES COVE RD JACKSONVILLE, FL 32210 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EYRICK, COURTLAND EYRICK, COURTLAND Name: Name: P.O. BOX 10 5034 PIRATES COVE ROAD Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: Title: () Delete (X) Change () Addition EYRICK, JOYCE Name: Name: EYRICK, JOYCE P.O. BOX 10 5034 PIRATES COVE ROAD Address: Address: JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip:

Title: () Delete EYRICK, PETER Name: PO BOX 10 Address: City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete EYRICK, JORDAN Name: Address: P.O. BOX 10

City-St-Zip: JACKSONVILLE, FL 32210

5034 PIRATES COVE ROAD City-St-Zip: JACKSONVILLE, FL 32210

(X) Change () Addition

(X) Change () Addition

EYRICK, JORDAN Name:

D

Address: 5034 PIRATES COVE ROAD City-St-Zip: JACKSONVILLE, FL 32210

EYRICK, PETER

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Address:

SIGNATURE: COURTLAND EYRICK 07/30/2008 D