

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073137

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** CARTER PROPERTIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5034 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5034 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-3669615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EYRICK, PETER  
5034 PIRATES COVE RD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: EYRICK, COURTLAND  
Address: 5034 PIRATES COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: EYRICK, JOYCE  
Address: 5034 PIRATES COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP  
Name: EYRICK, PETER  
Address: 5034 PIRATES COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DST  
Name: EYRICK, JORDAN  
Address: 5034 PIRATES COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: PETER T. EYRICK

VP

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date