


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90001 028 \*\*\*150.00

<b>DOCUMENT # P01000031453</b> 1. Entity Name <b>ROBERT A. CARTER, MA, LMHC, BCIACSF, P.A.</b>																																																		
Principal Place of Business <del>200 FOREST PARK CIRCLE</del> <del>PANAMA CITY, FL 32405</del>			Mailing Address <del>200 FOREST PARK CIRCLE</del> <del>PANAMA CITY, FL 32405</del>																																															
2. Principal Place of Business <b>1805 Carolina Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>1805 Carolina Ave</b> Suite, Apt. #, etc.																																															
City & State <b>Lynn Haven FL</b> Zip <b>32444</b> Country <b>Bay</b>			City & State <b>Lynn Haven FL</b> Zip <b>32444</b> Country <b>Bay</b>																																															
4. FEI Number <b>59-3709990</b>			Applied For <input type="checkbox"/> Not Applicable																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			03092004 Chg-P CR2E034 (10/03)																																															
6. Name and Address of Current Registered Agent <b>CARTER, ROBERT A</b> <del>200 FOREST PARK CIRCLE</del> <del>PANAMA CITY, FL 32405</del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1805 Carolina Ave</b> City <b>Lynn Haven FL</b> Zip Code <b>32444</b>																																														
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: <u>Robert Carter</u> (NOTE: Registered Agent signature required when reinstating) DATE:																																																		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD</b>  <b>CARTER, ROBERT A</b>  <del>200 FOREST PARK CIRCLE</del>  <del>PANAMA CITY, FL 32405</del> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>CARTER, ROBERT A</b> <del>200 FOREST PARK CIRCLE</del> <del>PANAMA CITY, FL 32405</del>	<input type="checkbox"/> Delete																									11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1805 Carolina Ave</b>  <b>Lynn Haven FL 32444</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1805 Carolina Ave</b> <b>Lynn Haven FL 32444</b>																
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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)(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: <u>Robert Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/15/04 850 265-5655 <small>Date Daytime Phone #</small>																																															