


FILED
May 17, 2004 8:00 am
Secretary of State

02-26-2004 90001 002 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000034108

1. Entity Name
CONSULTING BY CARTER, INC.




Principal Place of Business Mailing Address

1314 RADCLYFFE RD. 537 SIXTH AVE.
ORLANDO, FL 32804 HUNTINGTON, WV, 25701

DO NOT WRITE IN THIS SPACE

66422262



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1777052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, DEBORAH
1314 RADCLYFFE RD.
ORLANDO, FL 32804

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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 *William Carter* DATE *5/10/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nominating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTER, WILLIAM
STREET ADDRESS	1314 RADCLYFFE RD.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	S
NAME	CARTER, DEBORAH
STREET ADDRESS	1314 RADCLYFFE RD.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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: *Deborah Carter* Date *5/10/04* Daytime Phone # *407-425-1308*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR