## **2004 FOR PROFIT CORPORATION**

## Jan 29, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P01000034809** 1. Entity Name 01-29-2004 90029 029 \*\*\*150 00 COURTER ENTERPRISES, INC. Principal Place of Business Mailing Address 2231 COACHMAN RD 2231 COACHMAN RD 54001472 SPRING HILL FL 34608-5246 SPRING HILL FL 34608-5246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3712014 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COURTER, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 2231 COACHMAN RD SPRING HILL FL 34608 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete COURTER, LAWRENCE W. COURTER, LAWRENCE W NAME NAME 2231 COACHMAN RD 2231 COACHMAN RD STREET ADDRESS STREET ADDRESS SPRING HILL FLA 34608 SPRING HILL FL 34608-5246 CITY-ST-7IP CiTY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition COURTER, SHARON NAME NAME 2231 COACHMAN RD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP. CITY-ST-ZIE Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7iP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Originalis

ans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

**FILED**