2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 20, 2005 08:00 AM DOCUMENT # P01000034809 1. Entity Name **Secretary of State** COURTER ENTERPRISES, INC. Principal Place of Business Mailing Address 2231 COACHMAN RD SPRING HILL FL 34608-5246 2231 COACHMAN RD SPRING HILL FL 34608-5246 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3712014 Not Applicable Zip Country Ζıρ 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 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 life if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 unt Delete UHE ☐ Change ☐ Addition NAME COURTER, LAWRENCE W NAME 11000000373748 2231 COACHMAN RD STREET ADDRESS STHELL ADDRESS 07/20/05-80006-004 550.00 CITY ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP uut Delete me ☐ Change Addition COURTER, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 2231 COACHMAN RD CITY-ST-ZIP SPRING HILL FL 34608 CITY ST ZIP ще ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP Detete THE itti ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete HILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete Tritt ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CHY-SI-ZP

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 addition, with all other like empowered.

SIGNATURE: A