2004 FOR PROFIT CORPURATION - ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

	MITTOME	KEF OK I		C 1885	TXPhr it	, 200 - 00.	U U _ 4 3	
DOCUMENT # P01000042095 1. Entity Name CARTER & ASSOCIATES, INC.				Secretary of State				
Principal Plac	ce of Business	Mailing Address						
1267 GOLFS	SIDE DR	1267 GOLFSIDE DR.		-				
	3152 511 RK, FL 32792	WINTER PARK, FL 32792		***				
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				4. FEI Numb		Applie	ed For	
				59-369	94027	Not A	pplicable	
				5 Cortificate	of Status Desired	-\$8.75 Additio	nal	
·	<u>.</u>			J. Carmeat	O SIA(US DESIREO	Fee Required		
	6. Name and Address of Current Re	gistered Agent			•			
CARTER,				חח	NOT W	RITE		
	FSIDE DR.		טט	1401 44	1 1 I I I I I I I I I I I I I I I I I I			
WINTER PARK, FL 32792				INI "	THIS SP	ACE		
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							<u> </u>	
5. The above	e named entity submits this statement for the named entity submits this statement for the name of registered agent.	he purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flor	rida. I am familiar with, and	d accept	
tile opligal	adis or registered agent.			-				
SIGNATURE.		·				- ·	•	
3101101101101	Signatura, typed or printed name of registered agent and	title if applicable (NOTE, Registere	d Agent signature require	d whon relessating)		DATE .		
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	.E NOW!!! FEE			led to Fees	04/12/04-	80025-012 150.	UU	
				···				
10.	OFFICERS AND DI	RECTORS	1		•			
TITLE	PTD		I					
MAME	CARTER, FRANK P		Į					
STREET ADDRESS	1267 GOLFSIDE DR.							
GITY -ST- ZIP	WINTER PARK, FL 32792							
INILE	VSD		1					
NAME	CARTER, WENDY A	•	I					
STREET ADDRESS	1267 GOLFSIDE DR.		I					
CITY -ST-ZIP	WINTER PARK, FL 32792	- ···						
	VINVER PARK, FL 32/82							
TITLE			1					
NAME			1					
STREET ADORESS			l	DO	NOT W	DITE	1	
CITY-ST-ZIP		man hall a great to the		DO	IACI AA	niic		
TITLE			l	INI "	TUIC CD	ACE		
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STREET ADDRESS			1					
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city-st-a r			I				1	
TITLE								
NAME			1					
STREET ADDRESS			I					
CITY-ST-ZIP				4				
12. horoby	pertify that the information available with the	e filing does not qualify for the	montion stated in C-	ction 110 07/03/	il Bodds Contident 13	soften martific that the !-!	nation	
walcated	certify that the information supplied with this on this report or supplemental report is true	ie and accurate and that my signat	ure shall have the :	same legal effec	t as it made under oa	ith, that I am an officer or d	lirector (
of the con	poration or the receiver or trustee empowe	red to execute this report as requir	red by Chapter 607	r, Florida Statute	s; and that my name	appears in Block 10 or Blo	ck tilt	
Andulaca'	or on an attachment with an address will	and the me enhowered.	_					
CICALAT	THE CALL WITH	X E.	D Caa			407 342.7	719	