

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90023 006 ***150.00

DOCUMENT # P01000094759

1. Entity Name

MAURY L. CARTER & ASSOCIATES, INC.



Principal Place of Business

~~908 S DELANEY AVE --~~
~~ORLANDO FL 32806 --~~

Mailing Address

~~908 S DELANEY AVE --~~
~~ORLANDO FL 32806 --~~

2. Principal Place of Business

3333 S Orange Ave

3. Mailing Address

P O Box 568821

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip
32806-8500

Country
US

Zip
32856-8821

Country
US

4. FEI Number

59-3746690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARTER, DARYL M
~~**908 S DELANEY AVE --**~~
~~**ORLANDO FL 32806 --**~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3333 S Orange Ave - Suite 200

City

Orlando

FL

Zip Code

32806-8500

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **CARTER, DARYL M**
STREET ADDRESS ~~**908 S DELANEY AVE --**~~
CITY-ST-ZIP ~~**ORLANDO FL 32806 --**~~

TITLE VP ☐ Delete
NAME **CARTER, MAURY L**
STREET ADDRESS ~~**908 S DELANEY AVE --**~~
CITY-ST-ZIP ~~**ORLANDO FL 32806 --**~~

TITLE ST ☐ Delete
NAME ~~**WRAY, PAMELA L**~~
STREET ADDRESS ~~**908 S DELANEY AVE --**~~
CITY-ST-ZIP ~~**ORLANDO FL 32806 --**~~

TITLE VP ☐ Delete
NAME **OBRIEN, ROBERT E**
STREET ADDRESS **1300 ADAMS ST**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE AT ☐ Delete
NAME **CHARRON, ROBERT H**
STREET ADDRESS **446 MAIN ST**
CITY-ST-ZIP **WORCESTER MA 01608**

TITLE VP ☐ Delete
NAME **MILLER, PHILIP O**
STREET ADDRESS **322 E CENTRAL BLVD STE 1615**
CITY-ST-ZIP **ORLANDO FL 32801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3333 S Orange Ave, Suite 200**
CITY-ST-ZIP **Orlando FL 32806-8500**

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl M Carter

Mar 15 04

Date

407/422-3144

Daytime Phone #