

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 026 ***150.00

DOCUMENT # P01000094759

1. Entity Name

MAURY L. CARTER & ASSOCIATES, INC.



Principal Place of Business

**3333 ORANGE AVE
SUITE 200
ORLANDO FL 32806**

Mailing Address

**PO BOX 568821
ORLANDO FL 32856**



2. Principal Place of Business

3333 S Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3746690

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**CARTER, DARYL M
3333 S ORANGE AVE - SUITE 200
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	CARTER, DARYL M	
STREET ADDRESS	3333 S ORANGE AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, MAURY L	
STREET ADDRESS	3333 S ORANGE AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WRAY, PAMELA L	
STREET ADDRESS	3333 S ORANGE AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OBRIEN, ROBERT E	Deceased
STREET ADDRESS	1300 ADAMS ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CHARRON, ROBERT H	
STREET ADDRESS	1400 COMPUTER DR	
CITY-ST-ZIP	WESTBOROUGH MA 01581	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, PHILIP O	
STREET ADDRESS	322 E CENTRAL BLVD STE 4015	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4048 Bermuda Grove Place
CITY-ST-ZIP	Longwood FL 32779

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Daryl M. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20 06

Date

407/422-3144

Daytime Phone #