

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000094759

1. Entity Name

MAURY L. CARTER & ASSOCIATES, INC.



Principal Place of Business

3333 S ORANGE AVE  
ORLANDO, FL 32806

Mailing Address

PO BOX 568821  
ORLANDO, FL 32856



01082008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
3333 S ORANGE AVE - SUITE 200  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000871112  
04/09/08-80118-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARTER, DARYL M  
STREET ADDRESS 3333 S ORANGE AVE, SUTIE 200  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE VP  
NAME CARTER, MAURY L  
STREET ADDRESS 3333 S ORANGE AVE, SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ST  
NAME WRAY, PAMELA L  
STREET ADDRESS 3333 S ORANGE AVE, SUITE 200  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE AT  
NAME CHARRON, ROBERT H  
STREET ADDRESS 1400 COMPUTER DR  
CITY-ST-ZIP WESTBOROUGH, MA 01581

TITLE VP  
NAME MILLER, PHILIP O  
STREET ADDRESS 4048 BERMUDA GROVE PL  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE V  
NAME CHISHOLM, PATRICK L  
STREET ADDRESS 2460 FOREST CLUB DR  
CITY-ST-ZIP ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

03/07/2008

Date

407 422 3144

Daytime Phone #