

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JOB #

APPROVED **FILED**  
DATE **MAY 02, 2006 08:00 AM**  
Secretary of State

DOCT. #

DEPT. #

DATE POSTED



1st MOORE

CR2E034 (10/05)

4. FEI Number **74-3032210**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MAXWELL, RONALD W ESQ.  
4800 BEACH BLVD., STE. #5  
JACKSONVILLE FL 32207-4865

## 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 reinstating)

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 **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, DARREN A	
STREET ADDRESS	3220 SEQUOYAH CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, KEVIN A	
STREET ADDRESS	2708 LOYJA ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, MELVIN O	
STREET ADDRESS	P.O. BOX 4492	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, SHERAN L	
STREET ADDRESS	P.O. BOX 4492	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 (904) 826-0101

Date

Daytime Phone #