

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90001 003 \*\*\*150.00

<b>DOCUMENT # P02000072241</b> 1. Entity Name <b>BRAD CARTER, P.A.</b>					
Principal Place of Business <b>11755 MARLA LANE SEMINOLE FL 33772</b>			Mailing Address <b>11755 MARLA LANE SEMINOLE FL 33772</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CARTER, BRAD 11755 MARLA LANE SEMINOLE FL 33772</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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:  DATE: <b>8/24/05</b>					
<b>FILE NOW!!! FEE IS \$550.00.</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, BRAD 11755 MARLA LANE SEMINOLE FL 33772		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  DATE: <b>8/24/05</b> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

66026723

August 6, 2005

RE: 2005 For Profit Corporation Annual Report (AR)

To Whom It May Concern:

We have received a form requesting \$550.00 in fees concerning document number p02000072241. I called the number on the back and asked them why it was so much and they told me that they never received the \$150 we mailed them back in March. I called the bank and the check that I have recorded in our checkbook has not cleared with them. I had no idea this was the case until we received this letter. The person I spoke with on the phone at the Division of Corporations said that if the check did not clear we could send another one with this letter instead.

If there is anything further regarding this matter, please call our office manager, Linda Carter @ 727-395-9772, or email [lbenline@tampabay.rr.com](mailto:lbenline@tampabay.rr.com).

Thank you,



Brad Carter, P.A.