


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILE**  
**Jan 31, 2006**  
**Secretary**

<b>DOCUMENT # P03000001114</b> 1. Entity Name <b>W. JACK CARTER, INC.</b>	
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Principal Place of Business <b>702 N. TRAILWOOD DRIVE APOPKA, FL 32712</b>	Mailing Address <b>702 N. TRAILWOOD DRIVE APOPKA, FL 32712</b>
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0347121**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARTER, WALTER JACKSON  
702 N. TRAILWOOD DRIVE  
APOPKA, FL 32712**

**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 like it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>CARTER, WALTER JACKSON P 702 N. TRAILWOOD DRIVE APOPKA, FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CARTER, SHIRLEY A VP 702 N. TRAILWOOD DRIVE APOPKA, FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000413143  
02/10/06-80078-004 158.75

**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 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: Walter Jackson Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2006 <sup>(407)</sup>  
Date Daytime Phone # 886-3677

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 Chapter 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: B. J. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06 407-699-957  
Date Daytime Phone #