## **2008 FOR PROFIT CORPORATION** FILED ANNUAL REPORT 🧀 Jan 25, 2008 08:00 Al **DOCUMENT # P03000056879 Secretary of State** WARREN & CARTER, INC. Principal Place of Business Mailing Address 1324 SEVEN SPRINGS BLVD. 1324 SEVEN SPRINGS BLVD. **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 58-2672248 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, WILLIAM DO NOT WRITE 1324 SEVEN SPRINGS BLVD. IN THIS SPACE NEW PORT RICHEY, FL 34655 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) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 <del>HADADD 798385</del> 10. OFFICERS AND DIRECTORS 01/30/08-80024-025 150.00

TITLE

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CARTER, WILLIAM

1324 SEVEN SPRINGS BLVD., 163

NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE Applied For

Not Applicable

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 path; 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; X W O O O O FRONTED NAME OF SIGNING OFFICER OR DIRECTOR	-12-08	<u> </u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Deytime Phone #