

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000090348

1. Entity Name  
ATTORNEYS & DEBT COUNSELORS, P.A.



Principal Place of Business  
P.O. BOX 18992  
TAMPA, FL 33679

Mailing Address  
P.O. BOX 18992  
TAMPA, FL 33679

2. Principal Place of Business

P.O. Box 21126  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 21126  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

Zip 33622 Country USA

City & State  
TAMPA, FL

Zip 33622 Country USA

10122004 Chg-P CR2E034 (10/03)

4. FEI Number  
55-0847477

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRATT, PETER D ESQ.  
3019 W. AZEELE ST.  
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name E. Carlton Carter

Street Address (P.O. Box Number is Not Acceptable)

812 Grove Park Ave

City TAMPA FL Zip Code 33609

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)

10/20/04

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME CARRATT, PETER D  
STREET ADDRESS P.O. BOX 18992  
CITY-ST-ZIP TAMPA, FL 33679 ☒ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Carter, Carlton E.  
STREET ADDRESS P.O. Box 21126  
CITY-ST-ZIP TAMPA, FL 33622 ☒ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

Date

Daytime Phone #

FILED  
04 OCT 26 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

