


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000.131266  
 1. Entity Name  
 A.E. CARTER, INC.



Principal Place of Business      Mailing Address  
 30207 MAGNOLIA AVE.      30207 MAGNOLIA AVE.  
 SORRENTO, FL 32776      SORRENTO, FL 32776



**DO NOT WRITE IN THIS SPACE**

03202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 30-0218898      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CARTER, AUTY ENLOE  
 30207 MAGNOLIA AVE.  
 SORRENTO, FL 32776

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PVSD CARTER, AUTY ENLOE 30207 MAGNOLIA AVE. SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, GINA RENEE 30207 MAGNOLIA AVE. SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UUUUUU274441  
 03/24/05-80011-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Auty Enloe Carter      3/21/05      352-408-8236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #