


**2006 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P03000131266<br>1. Entity Name<br>A.E. CARTER, INC. |  |
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|--|--|
| Principal Place of Business<br>30207 MAGNOLIA AVE.<br>SORRENTO, FL 32776 | Mailing Address<br>30207 MAGNOLIA AVE.<br>SORRENTO, FL 32776 |
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04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>30-0218898                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

CARTER, AUTY ENLOE  
 30207 MAGNOLIA AVE.  
 SORRENTO, FL 32776

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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) 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

U00000512068^M  
 04/29/06-80077-008 150.00^M

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVSD<br>CARTER, AUTY ENLOE<br>30207 MAGNOLIA AVE.<br>SORRENTO, FL 32776 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CARTER, GINA RENEE<br>30207 MAGNOLIA AVE.<br>SORRENTO, FL 32776   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: *Auty Enloe Carter* Auty Enloe Carter 4/11/06 352-383-2321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #