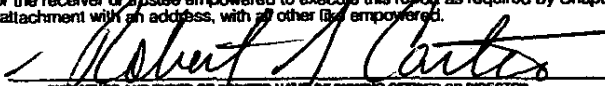


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90201 045 ***150.00

DOCUMENT # P04000000184 1. Entity Name CARTER AMMONS, INC.					
Principal Place of Business 5218 6TH AVENUE DRIVE WEST BRADENTON, FL 34209			Mailing Address 5218 6TH AVENUE DRIVE WEST BRADENTON, FL 34209		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 26-6080183			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARTER, BONNIE L 5218 6TH AVENUE DRIVE WEST BRADENTON, FL 34209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - VICE PRESIDENT CARTER, BONNIE L 5218 6TH AVENUE DRIVE WEST BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - SECRETARY DURANGO, ASHLEY E. 4099 16TH AVE. WEST BRADENTON FL 34205	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - PRESIDENT CARTER, ROBERT S 5218 6TH AVENUE DRIVE WEST BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			5-10-04 9417610618		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		