


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90098 032 ***158.75

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
<i>Address Change / both</i>	

2. Principal Place of Business 4097 16th Ave. W.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State
Zip 34205	Country Manatee

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 26-0080183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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) 4097 16th Ave. W. City BRADENTON FL 34205	

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 *Bonnie L Carter* **DVP** 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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVP	<input checked="" type="checkbox"/> Delete	TITLE DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARTER, BONNIE L		NAME HARLENE MORTON	
STREET ADDRESS 5218 6TH AVENUE DRIVE WEST		STREET ADDRESS 4097 16th Ave. W.	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP BRADENTON, FL	
TITLE DP	<input checked="" type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, ROBERT S		NAME BONNIE CARTER	
STREET ADDRESS 5218 6TH AVENUE DRIVE WEST		STREET ADDRESS 4097 16th Ave. W.	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP BRADENTON, FL 34205	
TITLE DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURRANCE, ASHLEY E		NAME	
STREET ADDRESS 11097 16TH AVE. WEST		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34205		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Bonnie L Carter* **BONNIE L. CARTER** (941) 724-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #