2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033928

Entity Name: CARTEE & ASSOCIATES, INC.

120 CYPRESS LAGOON CT

PONTE VEDRA BEACH, FL 32082

Address:

City-St-Zip:

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 120 CYPRESS LAGOON CT PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** P O BOX 1699 PONTE VEDRA BEACH, FL 32004 FEI Number: 77-0624934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOE, WILLIAM G JR 599 ÁTLANTIC BLVD STE 6 ATLANTIC BEACH, FL 32233 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARTEE, VICTORIA A Name: Name: 120 CYPRESS LAGOON CT Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: VSTD Title: () Change () Addition () Delete Name: CARTEE, ED Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED CARTEE VSTD 04/18/2005