

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-06-2005 90001 017 ***150.00

DOCUMENT # P04000129144 1. Entity Name CARTER THOMAS AUTO MART, INC.			
Principal Place of Business 4321 PALM BEACH BLVD. FORT MYERS, FL 33916		Mailing Address 4830 PALM BEACH BLVD. FORT MYERS, FL 33905	
2. Principal Place of Business 2721 Fowler St. Suite, Apt. #, etc.		3. Mailing Address 2721 Fowler St. Suite, Apt. #, etc.	
City & State Fort Myers FL 33901		City & State Fort Myers FL 33901	
Country USA		Country USA	
4. FEI Number 20-1627469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02222005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CANDY, JEREMIAH D 4830 PALM BEACH BLVD. FORT MYERS, FL 33905		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FORTIN, CAROLYN G 4830 PALM BEACH BLVD. FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn G Fortin 2721 Fowler St. Fort Myers FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Carolyn G Fortin</u>		<u>Carolyn G Fortin 5-31-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Carter Thomas Auto Mart Inc
2721 Fowler St. ATTACHMENT

Ft Myers FL 33901 66023604
#P04000129144

Our office made a mistake
and did not mail this intine.
Thank you for your help!

Carolyn Fortin