


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000023429
 1. Entity Name
 CARRIER & PARTNERS, INC.



Principal Place of Business
 2741 COVE VIEW DRIVE SOUTH
 JACKSONVILLE, FL 32257

Mailing Address
 2741 COVE VIEW DRIVE SOUTH
 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-2373452 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARRIER, DAVID R
 2741 COVE VIEW DRIVE SOUTH
 JACKSONVILLE, FL 32257

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000940663
 05/28/08-80073-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARRIER, DAVID R
STREET ADDRESS	2741 COVE VIEW DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	CARRIER, CATHY A
STREET ADDRESS	2741 COVE VIEW DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE: DAVID R CARRIER 4/27/08 (904) 891-3369
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #