

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092377

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CARTER FAMILY VENTURES, INC.

## Current Principal Place of Business:

300 KINGSLEY LAKE DRIVE  
SUITE 401  
ST. AUGUSTINE, FL 32092

## New Principal Place of Business:

## Current Mailing Address:

300 KINGSLEY LAKE DRIVE  
SUITE 401  
ST. AUGUSTINE, FL 32092

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, ROBERT M  
FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: CARTER, MICHAEL P  
Address: 209 MARTELL COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: CARTER, KARYN R  
Address: 209 MARTELL COURT  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CARTER, MICHAEL E  
Address: 300 KINGSLEY LAKE DR., SUITE 401  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change ( ) Addition  
Name: CARTER, KARYN R  
Address: 300 KINGSLEY LAKE DR., SUITE 401  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL E. CARTER

D

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date