


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P22789</b> 1. Entity Name CARTER & BURGESS, INC.	
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Principal Place of Business 777 MAIN STREET FORT WORTH, TX 76102-5304	Mailing Address P.O. BOX 901058 FORT WORTH, TX 76101-2058
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1246210	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CARLILE, L. FRANK 1000 LEGION PLACE STE 1400 ORLANDO, FL 32801	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, BENJAMIN G 777 MAIN ST FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, FRED H 777 MAIN ST FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATTS, BEN 1000 LEGION PL SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEATON, PHILLIP 7950 ELM BROOK DR SUITE 250 DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DAVID S 777 MAIN ST FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KARR, RUSSELL A 777 MAIN ST FORT WORTH, TX 76102

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-5-05</b> <small>Date</small>	<b>817-735-6774</b> <small>Daytime Phone #</small>
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