

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90024 008 \*\*\*150.00

**DOCUMENT # P92000007811**

1. Entity Name  
**CARTER INSURANCE GROUP, INC.**



Principal Place of Business  
**3203 BAYSHORE BLVD  
SUITE 302  
TAMPA, FL 33629 US**

Mailing Address  
**PO BOX 2521  
TAMPA, FL 33601 US**

**DO NOT WRITE IN THIS SPACE**

400100



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3179093**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOGGS, E J  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CARTER, PATRICIA R
STREET ADDRESS	100 W KENNEDY BLVD #860 3203 Bayshore Blvd
CITY - ST - ZIP	TAMPA, FL 33602 33629
TITLE	D
NAME	CARTER, CALVIN W
STREET ADDRESS	100 W KENNEDY BLVD #860 3203 Bayshore Blvd
CITY - ST - ZIP	TAMPA, FL 33602 33629
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

#302

#302

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Patricia R Carter* Patricia R Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-837-1037