

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000007811

FILED  
Apr 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3203 BAYSHORE BLVD  
SUITE 302  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2521  
TAMPA, FL 33601 US

**New Mailing Address:**

3203 BAYSHORE BLVD  
SUITE 302  
TAMPA, FL 33629 US

**FEI Number:** 59-3179093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARTER, PATRICIA R  
Address: 3203 BAYSHORE BLVD 302  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: CARTER, CALVIN W  
Address: 3203 BAYSHORE BLVD 302  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: MARK N LENKER JR

CPA

04/29/2012

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

\_\_\_\_\_  
Date