

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011465

FILED
Mar 24, 2004
Secretary of State

Entity Name: WILLIAM AND BRENDA CARTER, INC.

Current Principal Place of Business:

5250 GREEN KEY RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

7229 LAKE MAGNOLIA DRIVE
D
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5250 GREEN KEY RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

7229 LAKE MAGNOLIA DRIVE
D
NEW PORT RICHEY, FL 34653

FEI Number: 59-3306308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, WILLIAM A
5250 GREEN KEY RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

CARTER, WILLIAM A
7229 LAKE MAGNOLIA DRIVE
D
NEW PORT RICHEY, FL 34653 US

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: WILLIAM CARTER

03/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, WILLIAM A
Address: 5250 GREEN KEY RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CARTER, BRENDA J
Address: 5250 GREEN KEY RD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER, WILLIAM A
Address: 7229-D LAKE MAGNOLIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: CARTER, BRENDA J
Address: 7229-D LAKE MAGNOLIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM CARTER

D

03/24/2004

Electronic Signature of Signing Officer or Director

Date