2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: CARTER INSURANCE AGENCY INC.

Current Principal Place of Business:

4342 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4342 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3321676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, KATHY G
4342 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216 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: VP
Name: AMELA, TRAVANCIC
Address: 11190 ILLFORD DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: PRES
Name: CARTER, KATHY G
Address: 102 WATER OAK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC
Name: CARTER, KATHY G
Address: 102 WATER OAK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TRES
Name: TRAVANCIC, AMELA
Address: 11190 ILLFORD DR
City-St-Zip: JACKSONVILLE, FL 32246

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: KATHY G CARTER PRES 01/04/2011

Electronic Signature of Signing Officer or Director Date