

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026142

Entity Name: RON CARTER PLASTERING, INC.

FILED  
Jan 26, 2005  
Secretary of State

**Current Principal Place of Business:**

16249 ASHLAND AVE.  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:****Current Mailing Address:**

16249 ASHLAND AVE.  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 65-0829814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CARTER, KATHIE  
16249 ASHLAND AVE  
PORT CHARLOTTE, FL 33954 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARTER, RON  
Address: 16376 CHICOPEE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ST ( ) Delete  
Name: CARTER, KATHIE  
Address: 16249 ASHLAND AVE  
City-St-Zip: PT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHIE CARTER

ST

01/26/2005

Electronic Signature of Signing Officer or Director

Date