

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000003851

1. Entity Name  
CARTER DIRECT MARKETING, INC.



**FILED  
Apr 13, 2007 8:00 am  
Secretary of State**

04-13-2007 90177 038 \*\*\*150.00

Principal Place of Business  
6826 W. LINEBAUGH AVE.  
TAMPA, FL 33625

Mailing Address  
6826 W. LINEBAUGH AVE.  
TAMPA, FL 33625

2. Principal Place of Business - No P.O. Box #

**6730 W. Linebaugh Ave**  
Suite, Apt. #, etc.

**#101**

3. Mailing Address

**6730 W. Linebaugh Ave**  
Suite, Apt. #, etc.

**#101**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33625**

Country

**USA**

Zip

**33625**

Country

**USA**

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

ORNSTEIN, MARK L  
2 SOUTH ORANGE AVE  
5TH FLOOR  
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
CARTER, BRYAN  
6826 W. LINEBAUGH AVE.  
TAMPA, FL 33625

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

**6730 W. Linebaugh Ave #101  
Tampa, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:**

*J. Bryan Carter, JR*

*4/11-07*

*(813)  
960-2244*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #