

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90245 026 \*\*\*150.00

**DOCUMENT # P99000003851**

1. Entity Name  
CARTER DIRECT MARKETING, INC.



Principal Place of Business

6730 W LINEBOUGH AVE  
101  
TAMPA, FL 33625

Mailing Address

6730 W LINEBOUGH AVE  
101  
TAMPA, FL 33625



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3557780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CARTER, BRYAN  
STREET ADDRESS 6730 W LINE BOUGH AVE #101  
CITY-ST-ZIP TAMPA, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Bryan Carter, JR.

Date

Daytime Phone #

4-30-08 (813) 960-2244