

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032233

FILED
Apr 28, 2005
Secretary of State

Entity Name: FAMILY TRUST OF M.O. CARPENTER, INC.

Current Principal Place of Business:

8450 PENSACOLA BLVD
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

527 S FIRST STREET
PENSACOLA, FL 32507 US

New Mailing Address:

2120 DOG TRACK RD
PENSACOLA, FL 32506 US

FEI Number: 59-3609326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, MARSHALL O
8450 PENSACOLA BLVD
PENSACOLA, FL 32534 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: CARPENTER, MARSHALL O
Address: 8450 PENSACOLA BLVD
City-St-Zip: PENSACOLA, FL 32534

Title: PS () Delete
Name: KEEFE, LARA C
Address: 527 S 1ST ST
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: CARPENTER, CHRISTANA L
Address: 11225 SEAGLODES DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: CARPENTER, MARSHALL O JR
Address: 6105 LAKE JOANNE DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PS (X) Change () Addition
Name: KEEFE, LARA C
Address: 2120 DOG TRACK RD
City-St-Zip: PENSACOLA, FL 32506

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

Title: VP (X) Change () Addition
Name: CARPENTER, MARSHALL O JR
Address: 742 LANDING LANE
City-St-Zip: PENSACOLA, FL 32506

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: LARA C. KEEFE

PS

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date