

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000032233

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



Principal Place of Business  
8450 PENSACOLA BLVD  
PENSACOLA, FL 32534

Mailing Address  
2120 DOG TRACK RD  
PENSACOLA, FL 32506 US

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3609326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

CARPENTER, MARSHALL O  
8450 PENSACOLA BLVD  
PENSACOLA, FL 32534

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CARPENTER, MARSHALL O
STREET ADDRESS	8450 PENSACOLA BLVD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	PS
NAME	KEEFE, LARA C
STREET ADDRESS	2120 DOG TRACK RD
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	T
NAME	CARPENTER, CHRISTINA L
STREET ADDRESS	11225 SEAGLADES DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VP
NAME	CARPENTER, MARSHALL O JR
STREET ADDRESS	742 LANDING LANE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953990  
07/10/08-80007-017 150.00

**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

7-8-08

Date

850 221  
6922

Daytime Phone #

(Replace "Last mail" or 3-18-08)  
or newer change BAIL