2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P99000032233

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:

2120 DOG TRACK RD
PENSACOLA, FL 32506 US

New Mailing Address:

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: 2120 DOG TRACK RD
City-St-Zip: PENSACOLA, FL 32506

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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 KEEFE S 04/13/2009

Electronic Signature of Signing Officer or Director Date