

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 008 ***150.00

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DOCUMENT # P99000060244 1. Entity Name GORDON CARTER & ASSOCIATES, INC.			
Principal Place of Business 2920 MANDARIN MEADOWS DR. JACKSONVILLE, FL 32223		Mailing Address 7116 GULF BLVD. STE. E ST. PETE BEACH, FL 33706 US c/o	
2. Principal Place of Business 6805 C.R. 208 Suite, Apt. #, etc.		3. Mailing Address Terrance P. McNamara, Esq. 400 Corey Ave., 2nd Fl. Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Pete Beach, FL	
Zip 32092	Country USA	Zip 33706	Country USA
4. FEI Number 52-2178757		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ 7116 GULF BLVD., SUITE E ST. PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Fl. City St. Pete Beach FL 33706	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/7/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CARTER, DAVID G T 2920 MANDARIN MEADOWS DRIVE JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, V, S Carter, David G. 6805 C.R. 208 St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> David G. Carter, President		DATE 2/20/05 <small>Daytime Phone #</small>	