


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90169 044 \*\*\*150.00

<b>DOCUMENT # P99000060932</b> 1. Entity Name <b>CARTER MANAGEMENT CO, INC.</b>					
Principal Place of Business <b>1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225</b>			Mailing Address <b>1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CARTER, JAMES A 1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JAMES A			NAME	
STREET ADDRESS	1215 ROXMERE RD			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336294225			CITY-ST-ZIP	
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARY B			NAME	
STREET ADDRESS	1215 SO. ROXMERE RD.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336294225			CITY-ST-ZIP	
TITLE	CCD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, JAMES A JR			NAME	<i>T CARTER, JAMES A. JR</i>
STREET ADDRESS	1215 SO. ROXMERE RD			STREET ADDRESS	<i>1218 S. ROXMERE RD</i>
CITY-ST-ZIP	TAMPA, FL 336294225			CITY-ST-ZIP	<i>TAMPA, FL 33629</i>
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JAMES A			NAME	
STREET ADDRESS	1215 S. ROYMERE RD.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <i>James A. Carter, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>1/9/06 (813) 286-0446</i> <small>Date Daytime Phone #</small>	