
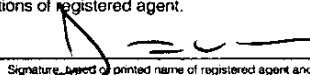
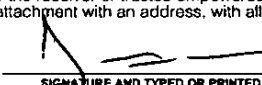


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 007 ***150.00

DOCUMENT # P99000060932 1. Entity Name CARTER MANAGEMENT CO, INC.					
Principal Place of Business 1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225			Mailing Address 1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225		
2. Principal Place of Business - No P.O. Box # 1218 S. Roxmere Rd		3. Mailing Address 3 -			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa, FL		City & State 		4. FEI Number 59-3585113	
Zip 33629		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, JAMES A 1215 SO. ROXMERE ROAD TAMPA, FL 33629-4225				7. Name and Address of New Registered Agent Name JAMES A. CARTER, Jr Street Address (P.O. Box Number is Not Acceptable) 1218 So. Roxmere Rd City TAMPA FL Zip Code 33629	
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  JAMES A. CARTER, Jr DATE _____ <small>Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	PSD CARTER, JAMES A 1215 ROXMERE RD TAMPA, FL 336294225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD James A. CARTER, Jr. 1218 So. Roxmere Rd TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARTER, MARY B 1215 SO. ROXMERE RD. TAMPA, FL 336294225	<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	CCD CARTER, JAMES A JR 1215 SO. ROXMERE RD TAMPA, FL 336294225	<input checked="" 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	T CARTER, JAMES A JR 1215 SO. ROXMERE RD. TAMPA, FL 336294225	<input checked="" 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
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 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: 		James A. Carter Jr.		813-220-0137	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	