

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M16760

Entity Name: CARTER BOTANICALS, INC.**Current Principal Place of Business:**14470 SMITH SUNDY RD
DELRAY BCH., FL 33446**Current Mailing Address:**14470 SMITH SUNDY RD
DELRAY BCH., FL 33446 US**FEI Number:** 59-2547151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, GARY
14470 SMITH SUNDY ROAD
DELRAY BEACH, FL 33446 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	MORRIS, GARY
Address	14470 SMITH SUNDY RD
City-State-Zip:	DELRAY BEACH FL 33446

Title	TREASURER
Name	MORRIS, KATHRYN E
Address	14470 SMITH SUNDY RD
City-State-Zip:	DELRAY BEACH FL 33446

Title	VP
Name	MORRIS, GLORIA
Address	14470 SMITH SUNDY ROAD
City-State-Zip:	DELRAY BEACH FL 33446

Title	ASST. TREASURER
Name	MORRIS, BENJAMIN
Address	14470 SMITH SUNDY ROAD
City-State-Zip:	DELRAY BEACH FL 33446

Title	SECRETARY
Name	MORRIS, TIMOTHY
Address	14470 SMITH SUNDY ROAD
City-State-Zip:	DELRAY BEACH FL 33446

I hereby 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 all other like empowered.

SIGNATURE: GARY MORRIS

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail_____
Date