


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 035 ***150.00

DOCUMENT # F00000000014	
1. Entity Name CARTER'S RETAIL, INC.	

Principal Place of Business 112 OTTER AVENUE OSHKOSH, WI 54901	Mailing Address P.O. BOX 333 OSHKOSH, WI 54903-0333
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2. Principal Place of Business 1000 Bridgeport Ave. Suite, Apt. #, etc. Shelton, CT City & State 06484	3. Mailing Address CARTER'S RETAIL, INC. ATTN: TAX DEPARTMENT PO BOX 879 1000 BRIDGEPORT AVENUE SHELTON, CT 06484-0879
Zip USA	Country USA

	
03062006 Chg-P	CR2E034 (11/05)
4. FEI Number 39-1979427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, DOUG W 112 OTTER AVENUE OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOWRY, PAUL 112 OTTER AVENUE OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OMACHINSKI, DAVID L 112 OTTER AVENUE OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBACK, STEVEN R 411 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHRISTENSEN, PAUL 112 OTTER AVENUE OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEIDER, MICHAEL L 112 OTTER AVE OSHKOSH, WI 54901 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Frederick J. Rowan II 1170 Peachtree Street Atlanta, GA 30309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/TID michael Casey 1170 Peachtree Street Atlanta, GA 30309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brendan Gibbons 1170 Peachtree Street Atlanta, GA 30309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Pacifico 1170 Peachtree Street Atlanta, GA 30309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: 	Tax Dept 3/7/06 203-926-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #