


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 404503 1. Entity Name CARTER AND COGGINS CONTRACTING, INC	
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Principal Place of Business 4515 OLD WINTER GARDEN RD. ORLANDO, FL 32811	Mailing Address 4515 OLD WINTER GARDEN RD. ORLANDO, FL 32811
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1411038	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

**CARTER, ARIEGENE MITCHELL
806 N. LAKE PLEASANT RD.
APOPKA, FL 32712**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CARTER, ARIEGENE MITCHEL 806 N LAKE PLEASANT RD APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COGGINS, ROGER P. RT 3 BOX 2820 ST. CLOUD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARTER, ARIEGENE MITCH 1715 E. JEANNETTE ST. APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/02/05-80002-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *AM Carter* 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #