

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 404503

1. Entity Name
CARTER AND COGGINS CONTRACTING, INC



Principal Place of Business
4515 OLD WINTER GARDEN RD.
ORLANDO, FL 32811

Mailing Address
4515 OLD WINTER GARDEN RD.
ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1411038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CARTER, ARIEGENE MITCHEL
STREET ADDRESS	806 N LAKE PLEASANT RD
CITY-ST-ZIP	APOPKA, FL
TITLE	VSD
NAME	COGGINS, ROGER P.
STREET ADDRESS	RT 3 BOX 2020
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	V
NAME	CARTER, ARIEGENE MITCH
STREET ADDRESS	1715 E. JEANETTE ST.
CITY-ST-ZIP	APOPKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80179-023 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

Daytime Phone #