

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



01282008 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARTER, ARIEGENE MITCHELL 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. JEANETTE ST. APOPKA, FL
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03/04/08-80050-018 150.00

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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

Date

Daytime Phone #