

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 691232

1. Entity Name
CARTER'S GARAGE, INC.



Principal Place of Business
**2701 PALM BAY RD
PALM BAY, FL 32905 US**

Mailing Address
**P.O. BOX 060421
PALM BAY, FL 32906 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2111001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, ROGER DALE
P.O. BOX 060421
2701 PALM BAY RD NE
PALM BAY, FL 32906**

**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 _____

**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 PD
NAME CARTER, ROGER DALE
STREET ADDRESS 2701 PALM BAY RD. N.E.
CITY-ST-ZIP PALM BAY, FL 32905

TITLE STD
NAME CARTER, WANDA J
STREET ADDRESS 2701 PALM BAY ROAD NE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000788573
01/18/08-80048-004 150.00

**DO NOT WRITE
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**

H1608 3217234569
Date Daytime Phone #