

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005284

1. Entity Name
JOHN CARETTI & CO.



Principal Place of Business
7831 N. NAGLE AVE.
MORTON GROVE, IL 60053

Mailing Address
7831 N. NAGLE AVE.
MORTON GROVE, IL 60053



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2358988	Applied For 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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	PS HELMER, PAUL K 7831 N. NAGLE AVE. MORTON GROVE, IL 60053
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMER, MARY JANE 7831 N. NAGLE AVE. MORTON GROVE, IL 60053
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HELMER, PAUL J 7831 NORTH NAGLE AVENUE MORTON GROVE, IL 60053
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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07/21/06-80011-012 550.00

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

817-213-5611

7-14-2006