


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 \$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: _____ (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	PS
NAME	HELMER, PAUL K
STREET ADDRESS	7831 N. NAGLE AVE.
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	D
NAME	HELMER, MARY JANE
STREET ADDRESS	7831 N. NAGLE AVE.
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	CT
NAME	HELMER, PAUL J
STREET ADDRESS	7831 NORTH NAGLE AVENUE
CITY-ST-ZIP	MORTON GROVE, IL 60053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571751
07/21/06-60011-012 550.00
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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: *John Caretti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Paul K Helmer*
Date: *7-14-2006* Daytime Phone #: *817-213-5611*