


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90018 004 \*\*\*150.00

<b>DOCUMENT # K31184</b> 1. Entity Name <b>CARRERE GENERAL CONTRACTORS, INC.</b>	
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Principal Place of Business <b>10305 US HWY ONE</b> <b>HOBE SOUND, FL 33455 US</b>	Mailing Address <b>10305 US HWY #1</b> <b>HOBE SOUND, FL 33455 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country



01102007 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  CARRERE, EARNEST D. 330 FAIRWAY N. JUPITER, FL 33469	<b>7. Name and Address of New Registered Agent</b> Name <u>Carrere, Earnest D</u> Street Address (P.O. Box Number is Not Acceptable) <u>10425 SE Slash Pine Ct.</u> City <u>Hobe Sound</u> <b>FL</b> Zip Code <u>33455</u>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRERE, EARNEST D		NAME		
STREET ADDRESS	330 FAIRWAY N.		STREET ADDRESS	10425 SE Slash Pine Ct	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Date 2/28/07 Daytime Phone # 772-545-2112