
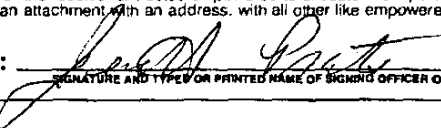


FILED
Mar 03, 2006 8:00 am
Secretary of State

02-15-2006 90037 008 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

2/1

DOCUMENT # L86516					
1. Entity Name PRATER'S CARPENTRY, INC.					
Principal Place of Business 230 PANAMA DRIVE CRESTVIEW FL 32536-2314			Mailing Address 230 PANAMA DRIVE CRESTVIEW FL 32536-2314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent PRATER, DONALD 230 PANAMA DRIVE CRESTVIEW FL 32536-2314				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	PRATER, DONALD				
STREET ADDRESS	230 PANAMA DRIVE				
CITY-ST-ZIP	CRESTVIEW FL				
TITLE	DST	<input type="checkbox"/> Delete			
NAME	PRATER, JEANETTE				
STREET ADDRESS	230 PANAMA DRIVE				
CITY-ST-ZIP	CRESTVIEW FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PRATER, RACHEL				
STREET ADDRESS	230 PANAMA DRIVE				
CITY-ST-ZIP	CRESTVIEW FL 32536-2314				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PRATER, PAMELA				
STREET ADDRESS	230 PANAMA DRIVE				
CITY-ST-ZIP	CRESTVIEW FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

66003421

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

PRATER'S CARPENTRY, INC.
230 PANAMA DRIVE
CRESTVIEW, FL 32536-2314

Subject: PRATER'S CARPENTRY, INC.

Reference Number:

L86516

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION