

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099429

1. Entity Name
CARAT REALTY CORP.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 27 PM 4: 58

Principal Place of Business
6 FAIRFIELD BLVD
STE 3
PONTE VEDRA BEACH, FL 32082

Mailing Address
6 FAIRFIELD BLVD
STE 3
PONTE VEDRA BEACH, FL 32082



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D BUCKLEY, RONALD F 6 FAIRFIELD BLVD STE 8 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/T GARRIPEE, LESTER N 6 FAIRFIELD BLVD STE 8 PONTE VEDRA BEACH, FL 32082
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000072697980
04/28/06--01003--024 **150.00

**DO NOT WRITE
IN THIS SPACE**

10B
4/27

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

LESTER GARRIPEE
SEN. VICE PRES

4/25/06 9042804004
Date Daytime Phone