


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000016063 1. Entity Name CARTER GARAGE DOORS, INC.	
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Principal Place of Business 9534 CLYDE ST. C/O DONALD CARTER HUDSON, FL 34669	Mailing Address 9534 CLYDE ST. C/O DONALD CARTER HUDSON, FL 34669
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0546505	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTER, DEBRA 9534 CLYDE ST. HUDSON, FL 34669
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

UD00000570280
07/14/06 00007 013 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DONALD R 9534 CLYDE ST. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, DEBRA 9534 CLYDE ST. HUDSON, FL 34669
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Debra L. Carter Debra L. Carter V.P. 7/12/06 X(727)861-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #