

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000068054**

1. Entry Name  
**CARRIAGE HOUSE HOMES, INC.**



Principal Place of Business  
**903 SE CENTRAL PARKWAY  
STUART, FL 34994**

Mailing Address  
**903 SE CENTRAL PARKWAY  
STUART, FL 34994**



03172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0721020**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOOGE, HOWARD E JR ESQ  
401 E OSCEOLA ST  
STUART, FL**

**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	PT
NAME	ANDERSON, DON
STREET ADDRESS	903 SE CENTRAL PARKWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	PRINCE, JOEL
STREET ADDRESS	917 SE CENTRAL PARKWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	SALINGER, JAMES L.
STREET ADDRESS	603 N. CYPRESS DRIVE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000556607  
05/17/06-80017-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

**SIGNATURE:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-06**  
Date

**772-288-2454**  
Daytime Phone #