

2007 FOR PROFIT CORPORATION ANNUAL REPORT


04-16-2007 90055 028 ***150.00
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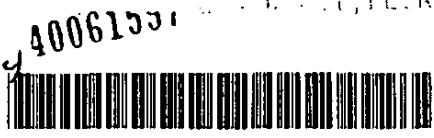
1. Entity Name
CARTER CONTRACTING, INC.



Principal Place of Business Mailing Address

2775 N AIRPORT RD - UNIT 310 2775 N AIRPORT RD - UNIT 310
FT MYERS, FL 33907 FT MYERS, FL 33907

**4108 SW 28TH AVE. 4108 SW 28TH AVE.
CAPE CORAL FL. 33914 CAPE CORAL FL. 33914**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4546600 Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

CATER, JACK C JR
2775 N AIRPORT RD - UNIT 310 **4109 SW 28TH AVE.**
FT MYERS, FL 33907 **CAPE CORAL FL. 33914**

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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CARTER, JACK C JR** Delete

NAME **CARTER, JACK C JR**

STREET ADDRESS **2775 N AIRPORT RD - UNIT 310** **4108 SW 28TH AVE.**

CITY - ST - ZIP **FT MYERS, FL 33907**

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Delete

NAME

STREET ADDRESS **CAPE CORAL**

CITY - ST - ZIP **FL. 33914**

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Delete

NAME

STREET ADDRESS **8/10**

CITY - ST - ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE Delete

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE Change 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 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: **Jack Carter (Pres.)** **4/12/07 239-671-2270**

Signature and typed or printed name of signing officer or director Date Daytime Phone #