## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 14, 2006 08:00 AM Secretary of State DOCUMENT+# P94000017301 CARVER BUILDERS, INC. Mailing Address Principal Place of Business P.O. BOX 644 PO BOX 644 MILTON, FL 32572 MILTON, FL 32572 No Chg-P CR2E034 (11/05) 84112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3234766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARVER, S. ELLEN DO NOT WRITE 4425 AMBERWOOD CR PACE, FL 32571 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, typed or printed name of registered again and title if applicable. [NOTE Registered Agent signature required when reinstating) U00000307243 04/27/06-80055-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARVER, SARA ELLEN NAME 4425 AMBERWOOD CR. STREET ADDRESS PACE, FL 32571 CITY-ST-ZIP ШŒ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE πιε NAME STREET ADDRESS CITY-ST-ZIP 717LE NAME STREET ADDRESS CITY-ST-ZP TITLE MAML STREET ADDRESS 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 eath; 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-11-06 850-623-8144 Daysone Phone #