


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024819

1. Entity Name
CARLTON BROTHERS, INC.



Principal Place of Business
**332 N. 4TH AVENUE
 WAUCHULA, FL 33873**

Mailing Address
**P.O. BOX 2119
 WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-F CR2E034 (11/05)

4. FEI Number 65-0826109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, JASON L
 565 N. RIDGE AVENUE
 LAKE ALFRED, FL 33850**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00**

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	P CARLTON, JASON L 565 N RIDGE AVE LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLTON, JAKE L P.O. BOX 1031 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLTON, J. MATT P.O. BOX 591 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD0000513439
 04/23/06-80129-016 150.00

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

Date _____
 Office Phone # _____