

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P99000098081

1. Entity Name
CARTER'S TRUCK, PAINT & FABRICATION, INC.



Principal Place of Business
**9879 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33637**

Mailing Address
**P. O. BOX 155
THONOTOSASSA, FL 33592**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3608371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, GENEVIEVE F
9879 US HWY 301 NORTH
TAMPA, FL 33637**

**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, the registered agent.

SIGNATURE

Genevieve F. Carter

(NOTE: Registered Agent signature required when reinstating)

4-6-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

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
**PD
CARTER, WILLIAM W
9879 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CARTER, GENEVIEVE F
9879 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CARTER, DAVID W
9879 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33637**

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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04/17/07-80051-009 150.00

**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 empowered.

SIGNATURE

Genevieve F. Carter
Genevieve F. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-07