


FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S64603	
1. Entity Name CLAUDETTE CARTER CORPORATION	

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SECRET
60013401
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (8/05)

2. Principal Place of Business 3572 ROANOKE STREET		3. Mailing Address 3572 ROANOKE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THE VILLAGES, FLORIDA		City & State THE VILLAGES, FLORIDA	
Zip 32162	Country USA	Zip 32162	Country USA
4. FEI Number 65-0297734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name AUDREY F. CIARFELLA	
	Street Address (P.O. Box Number is Not Acceptable) 3572 ROANOKE ST	
	City the Villages	FL Zip Code 32162

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 *Audrey F. Ciarfella* DATE **3/3/06**

Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CIARFELLA, Audrey F. 3572 ROANOKE STREET the Villages, FL 32162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Dobbins, Deborah L. 5423 ROYAL OAK DRIVE FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey F. Ciarfella* **AUDREY F. CIARFELLA** 3/31/06 352-750-578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone