

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093976

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: CARLEN, INC.

**Current Principal Place of Business:**

34 W. ORANGE STREET  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1879  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 59-3543434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, DONALD R  
28050 U.S. HWY 19 N., SUITE 402  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: MARTIN, CAROL E  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: CFOT ( ) Delete  
Name: RISTORCELLI, PETER  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S ( ) Delete  
Name: HIMONETOS, STELLA  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V ( ) Delete  
Name: MCLANE, JAMES  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: GAGNON, CHRISTINE L  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: SHARPE, LYNN A  
Address: POST OFFICE BOX 1879  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL E. MARTIN

Electronic Signature of Signing Officer or Director

P

02/05/2009

\_\_\_\_\_ Date