

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093976

Entity Name: CARLEN, INC.

Current Principal Place of Business:

34 W. ORANGE STREET
TARPON SPRINGS, FL 34689

Current Mailing Address:

PO BOX 1879
TARPON SPRINGS, FL 34688

FEI Number: 59-3543434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

Title CFOT
Name RISTORCELLI, PETER
Address POST OFFICE BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

Title V
Name MCLANE, JIM
Address POST OFFICE BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

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

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

Title D
Name CAHALIN, HELEN JO
Address POST OFFICE BOX 1879
City-State-Zip: TARPON SPRINGS FL 34688

I hereby 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 all other like empowered.

SIGNATURE: PETER RISTORCELLI

CFOT

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date