

**2013 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

01/15/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date