

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 121941

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** CARLOR COMPANY INC

**Current Principal Place of Business:**

427 GLENEAGLES CT SE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

427 GLENEAGLES CT SE  
WINTER HAVEN, FL 33884 US

**Current Mailing Address:**

P.O. BOX 55  
MONTGOMERY CTR., VT 05471 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

DANIELS, BRUCE W PT  
427 GLENEAGLES CT SE  
WINTER HAVEN, FL 33884 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: DANIELS, BRUCE W  
Address: 427 GLENEAGLES CT SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD  
Name: TIMM, MARTA D  
Address: P.O. BOX 55 N/A  
City-St-Zip: MONTGOMERY CENTER, VT 05471

Title: SD  
Name: BRUCE, CAROL D  
Address: 183 CHICAHIAUK TRAIL  
City-St-Zip: SOUTHERN SHORES, NC 27949

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: MARTA D. TIMM

VD

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date