


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90043 023 ***150.00

DOCUMENT # 404338 1. Entity Name CARLTON MUSIC CENTER, INC					
Principal Place of Business 308 AVE D N W WINTER HAVEN, FL 33882			Mailing Address PO BOX 1445 WINTER HAVEN, FL 33882		
2. Principal Place of Business - No P.O. Box # 308 AVE D NW		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State		4. FEI Number 59-1400936	
Zip 33881		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLTON, GLEN C PRES 214 MCLEAN PT W WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARLTON, GLEN C 214 MCLEAN PT W WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLTON, REGINA L 214 MCLEAN PT W WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLTON, RICHARD T 5177 HIGHLANDS LAKEVIEW LOOP LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARLTON, SALLY L 970 WEDGEWOOD DR SE WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSR CARLTON, SALLY L 970 WEDGEWOOD DR SE WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Glen C. Carlton</i>			1-4-08 863-294-4216		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		