2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753554

Address: City-St-Zip:

Entity Name: CARLTON MANOR, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 45 WESTWOOD TERRACE N. ST PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** 45 WESTWOOD TERRACE N. ST PETERSBURG, FL 33710 FEI Number: 59-2058176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUXBAUM, PAUL 10417 BAYSHORE DR., N. US MADEIRA BEACH, FL 33708 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUXBAUM, PAUL Name: Name: Address: 6257 EVERGREEN AVE. Address: City-St-Zip: SEMINOLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOWARD, JEFF D Name: Address: 9214 WOOD MEADOW LOOP Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: () Delete Title: () Change () Addition ROHR, THOMAS Name: Name: 7753 132ND WAY N Address: Address: City-St-Zip: SEMINOLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAVIS, GERALD Name: Address: PO BOX 3542 Address: City-St-Zip: SAINT PETERSBURG, FL 33731 City-St-Zip: Title: () Delete Title: () Change () Addition CHIESA, ALESSANDRA Name: Name: 7530 SUNSHINE SKYWAY LANE, UNIT T-31 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAUL BUXBAUM D 01/07/2004

SAINT PETERSBURG, FL 33711