

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 839622

1. Entity Name
CARLTON MFG. ASSOCIATES, INC.



Principal Place of Business

**4444-B W HWY 40
OCALA, FL 34482 US**

Mailing Address

**4444-B W HWY 40
OCALA, FL 34482 US**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1363818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDSPETH, FORREST
1101 SW 37TH AVE.
OCALA, FL 32671**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

**000000293180
04/08/05-80018-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MERCIER, DOUGLAS
STREET ADDRESS	RR #7 BOX 833
CITY-ST-ZIP	MT. PLEASANT, TX
TITLE	VPS
NAME	HUDSPETH, FORREST
STREET ADDRESS	536 NE 61ST TERRACE
CITY-ST-ZIP	OCALA, FL
TITLE	V
NAME	ROWE, JEAN
STREET ADDRESS	17850 SE 63RD LANE
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Signature and typed or printed name of signing officer or director

JEAN ROWE

4-6-05

Date

352-629-9113

Daytime Phone #