

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90014 042 ***150.00

DOCUMENT # G91804

1. Entity Name
R.F. CARLSON COMPANY



Principal Place of Business
**6551 PALMER PARK CIRCLE
SARASOTA, FL 34238 US**

Mailing Address
**6551 PALMER PARK CIRCLE
SARASOTA, FL 34238 US**

50001741



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2380216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DILLON, CARROL
6200 S. TAMIAMI TRAIL
SARASOTA, FL 34231**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WHETSEL, GARY 6100 JESSIE HARBOR DR 502 OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT GUENTHER 513 DEER RUN WAY WOODSTOCK, GA 30189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KEVIN H. FULLER 6814 74TH ST CIRCLE BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER GEORGIA CONOVER 798 CEDARCREST COURT SARASOTA, FL 34232
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/08

Date

941-921-2992

Daytime Phone #