

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96658

FILED
Apr 01, 2006
Secretary of State

Entity Name: SCOTT A. CARSTENS, INC.

Current Principal Place of Business:

% SCOTT A. CARSTENS
P O BOX 1222
GULF BREEZE, FL 32562

New Principal Place of Business:

Current Mailing Address:

% SCOTT A. CARSTENS
P O BOX 1222
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-2618504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSTENS, SCOTT A.
P.O. BOX 1222
GULF BREEZE, FL 32562 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARSTENS, SCOTT A
Address: P.O. BOX 1222
City-St-Zip: GULF BREEZE, FL 32562 US

Title: VP () Delete
Name: NELSON, MIKE
Address: 4531 MARSEILLE DR.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT A. CARSTENS

PRES

04/01/2006

Electronic Signature of Signing Officer or Director

Date