


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90280 030 \*\*\*150.00

**DOCUMENT # K77037**

1. Entity Name  
**CARLETON FINANCIAL, INC.**



Principal Place of Business      Mailing Address  
 9525 BLIND PASS ROAD, SUITE #1      9525 BLIND PASS ROAD, SUITE #1  
 ST PETE BEACH, FL 33706      ST PETE BEACH, FL 33706



03312006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2947466      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

*Steven P. Riley, Esq.*  
*4805 W. Laurel St.*  
*Ste 230*  
*Tampa, FL 33607*

**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:  *Steven P. Riley*      DATE: *4-27-06*

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PD HUTCHINSON, JEAN C. 9525 BLIND PASS ROAD #1 ST PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEEHAN, CAROL 9525 BLIND PASS ROAD #1 ST PETE BEACH, FL 33706
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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: *CAROL SHEEHAN*  
      *Carol Sheehan*      *4/17/06*      *727-365-4438*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #