

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90067 005 ***150.00

DOCUMENT # M83603

1. Entity Name
CARLSON FAMILY CORPORATION



Principal Place of Business

**C/O JEFFREY D CARLSON
3531 U.S. 27 SOUTH
SEBRING, FL 33870**

Mailing Address

**C/O JEFFREY D. CARLSON
3531 U.S. 27 SOUTH
SEBRING, FL 33870**

40010040



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2891574

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARLSON, JEFFREY D
3531 U.S. 27 SOUTH
SEBRING, FL 33870**

**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 resigning)

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**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	CARLSON, JEFFREY D
STREET ADDRESS	3531 US 27 SOUTH
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	D
NAME	CARLSON, DONNA
STREET ADDRESS	4418 SELAH RD.
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

Donna Carlson **Donna Carlson**

1/21/05

863-382-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #