

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 018 ***150.00

DOCUMENT # P00000043372

1. Entity Name

CARLSON GROVES, INC.



Principal Place of Business

420 SOUTH 6TH STREET
LAKE HAMILTON FL 33851

*Mailing Address

PO BOX 67
LAKE HAMILTON FL 33851



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LAKE HAMILTON, FL

City & State

4. FEI Number

59-3656295

Applied For

Not Applicable

Zip

33851

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, JO ANN M
420 SOUTH 6TH STREET
LAKE HAMILTON FL 33851

Name

Street Address (P.O. Box Number is Not Acceptable)

City

LAKE HAMILTON

FL

Zip Code

33851

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------|-------------------|--|-------|------|----------------|-----------------|
| | D | CARLSON, ROY D | 420 SOUTH 6TH STREET LAKE HAMILTON FL 33851 | | | | |
| | D | CARLSON, JO ANN M | 420 SOUTH 6TH STREET LAKE HAMILTON FL 33851 | | | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joann M. Carlson

3/25/06

863-439-2261

Date

Corporate Phone #