

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000061484

1. Entity Name

CARLANO HOME SERVICES, INC.



**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90102 024 ***158.75



1st MOORE CR2E034 (10/05)

| | | | |
|--|---------|---------------------------------------|---------|
| Principal Place of Business | | Mailing Address | |
| 483 TULLAMORE LANE NAPLES FL 34110 | | 483 TULLAMORE LANE NAPLES FL 34110 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| CARLAWO, ANN 485 TULLAMORNES NAPLES FL 34110 | | | |
| <i>Spedey</i> | | | |

4. FEI Number **65-1117192** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

| |
|---|
| Name <i>ANN CARLANO</i> |
| Street Address (P.O. Box Number is Not Acceptable) <i>483 Tullamore Lane</i> |
| City <i>Naples</i> |
| FL <i>34110</i> |
| Zip-Code |

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 restating)

DATE

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| | | | |
|----------------------------|--------------------|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | DP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLANO, ANN M | | |
| STREET ADDRESS | 483 TULLAMORE LN | | |
| CITY-ST-ZIP | NAPLES FL 34110 | | |
| TITLE | S | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORMAN, CANDACE | | |
| STREET ADDRESS | 483 TULLAMORE LANE | | |
| CITY-ST-ZIP | NAPLES FL 34110 | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
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| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-06 2395962700

Date

Daytime Phone #