


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000061931 1. Entity Name CARLTON RESIDENCES INC.		
Principal Place of Business 2 NORTH TAMiami TRAIL SUITE 210 SARASOTA, FL 34236	Mailing Address 2 NORTH TAMiami TRAIL SUITE 210 SARASOTA, FL 34236	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOLF, RON 2 N. TAMiami TRAIL STE 210 SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, NORTON 2 NORTH TAMiami TRAIL #210 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLF, RON 2N TAMiami TRAIL STE 210 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP YATES, NANCY L 2 N. TAMiami TRAIL STE 210 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HALL, JOAN 700 RICHMON ST. STE 410 LONDON, O n6a5c7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1115657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000140440
04/29/04-80161-025 150.00

**DO NOT WRITE
IN THIS SPACE**