

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000071461

1. Entity Name
CAROLINA LAND CLEARING OF FLORIDA, INC.



Principal Place of Business
1933 SOUTH LAKE CANNON DRIVE, N.W.
WINTER HAVEN, FL 33881

Mailing Address
P O BOX 472664
CHARLOTTE, NC 28247



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0999184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV
3652 CROWN POINT COURT
JACKSONVILLE, FL 32257

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000073330
03/02/04-80032-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
OLSEN, RONALD R
P.O. BOX 472664
CHARLOTTE, NC 28247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OLSEN, RONALD R
P O BOX 472664
CHARLOTTE, NC 28247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TER WINT, MARLENE R
P O BOX 472664
CHARLOTTE, NC 28247

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OLSEN, RONALD
P O BOX 472664
CHARLOTTE, NC 28247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ronald R. Olsen

RONALD R. OLSEN

2-25-04

704-507-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #