

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 013 ***150.00

DOCUMENT # P02000064894

1. Entity Name

CARLTON IRRIGATION & LANDSCAPE, INC.



Principal Place of Business

177 PURIFY BAY ROAD
CRAWFORDVILLE FL 32327

Mailing Address

177 PURIFY BAY ROAD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

P.O. Box 685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville FL

Zip

Country

32327

Wakulla

4. FEI Number

74-3048208

Applied For

Not Applicable

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

CARLTON, KENNETH TODD
177 PURIFY BAY ROAD
CRAWFORDVILLE FL 32327

Name

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

City

FL

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

D
CARLTON, KENNETH TODD
177 PURIFY BAY ROAD
CRAWFORDVILLE FL 32327

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Carlton, Michelle Leigh
177 Purify Bay Road
Crawfordville, FL 32327

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: *Michelle Carlton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-04

Date

850-926-5206

Daytime Phone #