


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 16, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P02000086867  
1. Entity Name  
ARLENE CARLSEN, INC.



Principal Place of Business      Mailing Address  
575-D JACKSON AVE,      575-D JACKSON AVE,  
SATELLITE BEACH, FL 32937      SATELLITE BEACH, FL 32937

**DO NOT WRITE IN THIS SPACE**



01112007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
56-2285630      Not Applicable

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

6. Name and Address of Current Registered Agent  
CARLSEN, ARLENE  
575-D JACKSON AVE,  
SATELLITE BEACH, FL 32937

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARLSEN, ARLENE
STREET ADDRESS	575-D JACKSON AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000585879  
01/16/07-80030-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Arlene Carlsen      1-11-07 321-775-4737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #