

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000086867

Entity Name: ARLENE CARLSEN, INC.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

575-D JACKSON AVE,  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

116 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

575-D JACKSON AVE,  
SATELLITE BEACH, FL 32937

FEI Number: 56-2285630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSEN, ARLENE  
575-D JACKSON AVE,  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARLSEN, ARLENE  
Address: 575-D JACKSON AVE,  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE CARLSEN

PRES

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date