2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000090705

1. Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

NAME

FILED Mar 07, 2005 8:00 am Secretary of State

☐ Change

☐ Addition

03-07-2005 90284 004 ***158.75

AMERICA M. CARLSON, P.A. Principal Place of Business Mailing Address **20023347** 4609 CORSAGE DRIVE 4609 CORSAGE DRIVE LUTZ, FL 33558 LUTZ. FL 33558 2. Principal Place of Business 3. Mailing Address 3041 Royce Waterford Suite, Apt. # etc. 2041 Royce Waterford Cr. Suite, Apt. #, ex 01062005 CR2E034 (10/03) City & State 4. FEI Number Applied For 51-0422570 Not Applicable Country Country \$8.75 Additional .5. Certificate of Status Desired-362 Fee Required 13H 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLSON, AMERICA M (P.O. Box Number is Not Acceptable Royce Water for 4609 CORSAGE DRIVE LUTZ, FL 33558 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D TITLE . Delete America Carlson CARLSON, AMERICA 12041 Royce Waterford Circle NAME NAME 4609 CORSAGE DR STREET ADDRESS STREET ADDRESS LUTZ, FL 33558 CITY - ST- ZIP CITY-ST-ZIP ST Change David Carlson
12041 Royce Waterford Circle Addition TITLE ☐ Delete TITLE CARLSON, DAVID P NAME STREET ADDRESS 4609 CORSAGE DR STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558 CITY-ST-ZIP TITLE _ TITLE . - Change Addition-☐ Delete. - --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete