

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

37.

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-02-2007 90023 049 ***150.00

DOCUMENT # P03000119983	
1. Entity Name CARLTON CONSULTING CORPORATION	

Principal Place of Business 3405 WESTFIELD DRIVE GREEN COVE SPRINGS FL 32043	Mailing Address 3405 WESTFIELD DRIVE GREEN COVE SPRINGS FL 32043
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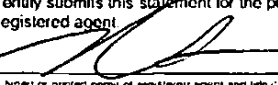
2. Principal Place of Business - No P.O. Box # 2362 Olander St	3. Mailing Address 2362 Olander St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Green Cove Springs, FL	City & State Green Cove Springs, FL
Zip 32043	Zip 32043
Country US	Country US

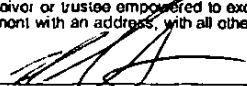
4. FEI Number 84-1635843	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLTON, ROBERT M 3405 WESTFIELD DRIVE GREEN COVE SPRINGS FL 32043	
7. Name and Address of New Registered Agent 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  DATE 2/19/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVSD	NAME CARLTON, ROBERT M STREET ADDRESS 3405 WESTFIELD DRIVE CITY- ST- ZIP GREEN COVE SPRINGS FL 32043	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE PVSD CARLTON ROBERT M. 2362 Olander St Green Cove Springs FL 32043	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  ROBERT CARLTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/10/07 954 8384457 Date Office Phone #