

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90100 038 ***150.00

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01182006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000058443		
1. Entity Name D. CARLSON ADVERTISING, INC.		

Principal Place of Business 3723 PHILLIPPE DR. SAFETY HARBOR, FL 34695	Mailing Address 3723 PHILLIPPE DR. SAFETY HARBOR, FL 34695
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2. Principal Place of Business 2387 Navarez Ave.	3. Mailing Address 2387 Navarez Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Safety Harbor, FL	City & State Safety Harbor, FL.	4. FEI Number 20-0971464	Applied For Not Applicable
Zip 34695	Country USA	Zip 34695	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARLSON, DANA 3723 PHILLIPPE DR. SAFETY HARBOR, FL 34695	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARLSON, DANA 3723 PHILLIPPE DR. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dana Carlson* **1-18-06** 727-726-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #