

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000145618

Entity Name: CARLAN, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

300 5TH AVENUE SOUTH  
#101, SUITE 414  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1001 E. BROADWAY #2  
PMB 629  
MISSOULA, MT 59802

**New Mailing Address:**

FEI Number: 20-2012551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALEXANDER, ANA M  
815 MALAGA AVE  
CORAL GABLES, FL 33134 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: PRES  
Name: WILSON, CARLAN A  
Address: 300 5TH AVENUE SOUTH, #101, SUITE 414  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: WILSON, KAREN C  
Address: 300 5TH AVENUE SOUTH, #101, SUITE 414  
City-St-Zip: NAPLES, FL 34102

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: CARLAN A WILSON

PRES

04/19/2011

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

\_\_\_\_\_  
Date