

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164348

FILED
Jun 29, 2005
Secretary of State

Entity Name: CARLISLE CONSULTANTS INC.

Current Principal Place of Business:

112 AVENUE E SW
WINTER HAVEN, FL 33883

New Principal Place of Business:

408 ED CARTER STREET
AVON PARK, FL 33825

Current Mailing Address:

112 AVENUE E SW
WINTER HAVEN, FL 33883

New Mailing Address:

P O BOX 7166
WINTER HAVEN, FL 338837166 US

FEI Number: 20-1970654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, KARIN
112 AVENUE E SW
WINTER HAVEN, FL 33883 US

Name and Address of New Registered Agent:

PROFESSIONAL TAX CONSULTANTS INC
112 AVENUE E SW
WINTER HAVEN, FL 338803402 US

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: KARIN G NELSON

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, ANN
Address: 408 E BELL STREET
City-St-Zip: AVON PARK, FL 33825

Title: S () Delete
Name: NELSON, KARIN
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: EBERSBACH, DEDRA
Address: 17315 TANGERINE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, ANN R
Address: 408 ED CARTER STREET
City-St-Zip: AVON PARK, FL 33825

Title: S (X) Change () Addition
Name: NELSON, KARIN G
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change () Addition
Name: CARTER, EDWARD
Address: 408 ED CARTER STREET
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KARIN G NELSON

SEC

06/29/2005

Electronic Signature of Signing Officer or Director

Date