


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90239 014 ***150.00

DOCUMENT # P05000029665 1. Entity Name CARLISLE & COMPANY REAL ESTATE, INC.					
Principal Place of Business 1324 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304			Mailing Address 1324 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2561583	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD STE 404 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Lawrence K. Judd, Esquire Street Address (P.O. Box Number is Not Acceptable) 901 SE 17th Street Suite 206 City Fort Lauderdale FL Zip Code 33316		
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 <u>Lawrence K. Judd</u> Lawrence K. Judd, Esq., sole proprietor DATE 5/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENDRICKS, JEFF 1324 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Jeffrey M. Hendricks</u> Jeffrey M. Hendricks DATE 5/1/08 DAYTIME PHONE # (954) 646-1973 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					