

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000167130

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CARLTON REPORTING, INC.

**Current Principal Place of Business:**

5375 MAJESTIC ISLAND CIRCLE  
ST. CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

5375 MAJESTIC ISLAND CIRCLE  
ST. CLOUD, FL 34771 US

**New Mailing Address:**

**FEI Number:** 20-3999042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLTON, LISA  
5375 MAJESTIC ISLAND CIRCLE  
ST. CLOUD, FL 34771 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:** DPVP  
**Name:** CARLTON, LISA  
**Address:** 5375 MAJESTIC ISLAND CIRCLE  
**City-St-Zip:** ST. CLOUD, FL 34771 US

**Title:** ST  
**Name:** CARLTON, LISA  
**Address:** 5375 MAJESTIC ISLAND CIRCLE  
**City-St-Zip:** ST. CLOUD, FL 34771 US

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:** LISA CARLTON

DPVP

05/01/2012

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

\_\_\_\_\_  
Date