

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037240

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** CARLEN INVESTMENTS, INC.

**Current Principal Place of Business:**

6003 N 54TH STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6003 N 54TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-3185012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRANIE, MICHAEL P  
409 S. NEWPORT AVE  
TAMPA, FL 33606 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: D  
Name: MCCRANIE, MICHAEL P  
Address: 409 NEW PORT AVE  
City-St-Zip: TAMPA, FL 33606

Title: VP  
Name: MCCRANIE, SHAWN M  
Address: 3051 AVALONE TERRACE DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: TRES  
Name: MILLER, SUSAN L  
Address: 255 DUNBRIDGE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

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: SUSAN L MILLER

TRES

04/06/2012

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

\_\_\_\_\_  
Date