

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90193 014 ***150.00

DOCUMENT # P93000042520 1. Entity Name CARLY COMPANY, INC.			
Principal Place of Business 1304 TUSCANY WAY BOYNTON BEACH, FL 33435		Mailing Address 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	
2. Principal Place of Business 14824 Enclave Preserve Suite, Apt. #, etc. C-4		3. Mailing Address 14824 Enclave Preserve Suite, Apt. #, etc. C-4	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33484		Zip 33484	
Country USA		Country USA	
4. FEI Number 65-0418922		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABELSON, WARREN 1304 TUSCANY WAY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) 14824 Enclave Preserve Cir C-4 City Delray Beach FL Zip 33484	
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>W.S. Abelson</u> W.S. Abelson DATE 4/26/04 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ABELSON, WARREN 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14824 Enclave Preserve Cir C-4 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABELSON, MARY A 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14824 Enclave Preserve Cir C-4 Delray Beach FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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>W.S. Abelson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/26/04 Daytime Phone 561 276-5551	

W.S. Abelson