

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90106 030 \*\*\*150.00

**DOCUMENT # P95000058321**

1. Entity Name  
**CARLSEN COMMERCIAL, INC.**



Principal Place of Business 201 MARION AVE. 201 G PUNTA GORDA, FL 33950	Mailing Address 201 MARION AVE. 201 G PUNTA GORDA, FL 33950
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**44005571**



2. Principal Place of Business		3. Mailing Address		01152004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0611650</b>		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OSTERTAG, CARL 3347 SE 16 PL CAPE CORAL, FL 33904				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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: *[Signature]* N/A DATE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSTERTAG, CARL			NAME			
STREET ADDRESS	3347 SE 16 PL			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* DATE: *1/26/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Carlson Commercial Inc

Attachment

201 W Maroon Ave Punta Gorda Fl 34292 • 941-493-1588 • FAX 941-492-9296  
1505 SOUTH TAMPA MI TRAIL • SUITE 404 VENICE, FLORIDA 34292 • 941-493-1588 • FAX 941-492-9296  
41605571 #P95000058321

I really don't know what to do. Evidently its  
important for you to collect the fee - Without solving any  
problems - I entered the info on line But wanted  
to do a check - Can't because its under \$300.00  
Your website won't let me back to issue a credit  
card #. I won't comment on your recording  
So therefore I am issuing a check for the proper amount  
Carlson Co.  
Please return if not acceptable  
& Send the forms. Carl Botz