

# 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

**44005571**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0611650**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**D**  
**OSTERTAG, CARL**  
**3347 SE 16 PL**  
**CAPE CORAL, FL 33904**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/26/04*

Carlson Commercial Inc

Attachment

201 W Maroon Ave Punta Gorda Fl 34292 • 941-493-1588 • FAX 941-492-9296  
1505 SOUTH TAMPA TRAIL • SUITE 404 • VENICE, FLORIDA 33596  
41605571 #P95000058321

I really don't know what to do. Evidently it's  
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 it's 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  
I send the form. Carl Carlson