

2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000013110

1. Entity Name
CARLY ANN CORPORATION, INC.



Principal Place of Business
3360 CAPITAL CIRCLE NE
SUITE A
TALLAHASSEE, FL 32308

Mailing Address
3360 CAPITAL CIRCLE NE
SUITE A
TALLAHASSEE, FL 32308



01112007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3435084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, JOHNNY BLUE
7026 DUCK COVE ROAD
TALLAHASSEE, FL 32312

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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, type or printed name of registered agent and title, if applicable (If not a registered agent signature required when restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAIG, JOHNNY BLUE
STREET ADDRESS	7026 DUCK COVE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CRAIG, APRIL RUTH
STREET ADDRESS	7026 DUCK COVE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-07