

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 014 ***150.00

DOCUMENT # P97000094100	
1. Entity Name CARLSON, FREDERICK AND COMPANY, P.A.	

Principal Place of Business 75 NW 15TH ST HOMESTEAD, FL 33033	Mailing Address 75 NW 15TH ST HOMESTEAD, FL 33033
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2. Principal Place of Business - No P.O. Box # 75 NE 15th Street	3. Mailing Address 75 NE 15th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homestead, FL	City & State Homestead, FL
Zip FL	Country USA



03142008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0788627	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREDERICK, MICHAEL L 75 NW 15TH ST HOMESTEAD, FL 33033	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 75 NE 15th Street City Homestead FL Zip Code 33030
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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 *Michael L. Frederick* *Michael L. Frederick* *3/14/2008*
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLSON, ROBERT 75 NE 15TH ST HOMESTEAD, FL 33030 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDERICK, MICHAEL 75 NW 15TH ST HOMESTEAD, FL 33030 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREDERICK, JULIE 75 NW 15TH ST HOMESTEAD, FL 33030 ☐ 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
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

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: *Michael L. Frederick* *Michael L. Frederick* *3/14/2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #