


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000108500  
 1. Entity Name  
 CARLSEN'S TROPHY SHOP, INC.



Principal Place of Business      Mailing Address  
 575 JACKSON AVE.                      575 JACKSON AVE.  
 SATELLITE BEACH, FL 32937          SATELLITE BEACH, FL 32937

**DO NOT WRITE IN THIS SPACE**



01122006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 59-3485972                      Not Applicable

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

6. Name and Address of Current Registered Agent

CARLSEN, ALFRED C  
 575 JACKSON AVE.  
 SATELLITE BEACH, FL 32937

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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	CARLSEN, ALFRED C III
STREET ADDRESS	575 JACKSON AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	CARLSEN, HENRY M
STREET ADDRESS	575 JACKSON AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	CARLSEN, ALFRED C JR
STREET ADDRESS	575 JACKSON AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	CARLSEN, CAROLYN
STREET ADDRESS	575 JACKSON AVE.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/04/06-80031-001 150.00

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]*      Date: *2-16-06*      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR