

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 025 ***150.00

DOCUMENT # P98000093976

1. Entity Name
CARLEN, INC.



Principal Place of Business

**34 W. ORANGE STREET
TARPON SPRINGS, FL 34689 US**

Mailing Address

**PO BOX 1879
TARPON SPRINGS, FL 34688**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3543434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIMONETOS, MARY
34 W ORANGE ST
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
MARTIN, CAROL E
POST OFFICE BOX 1879
TARPON SPRINGS, FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVST
HIMONETOS, MARY
POST OFFICE BOX 1879
TARPON SPRINGS, FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAGNON, CHRISTINE L
POST OFFICE BOX 1879
TARPON SPRINGS, FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHARPE, LYNN A
POST OFFICE BOX 1879
TARPON SPRINGS, FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAHALIN, HELEN J
POST OFFICE BOX 1879
TARPON SPRINGS, FL 34688** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCLANE, JIM
PO BOX 1879
TARPON SPG, FL 34688** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**EVP ST
HIMONETOS, MARY
P.O. BOX 1879
TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**AVP
MCLANE, JIM
PO BOX 1879
TARPON SPRINGS, FL 34688**

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:

Mary Himonetos **Mary Himonetos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04