

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106729

FILED
Apr 14, 2005
Secretary of State

Entity Name: CARLTON & CARLTON, ATTORNEYS AT LAW, P.A.

Current Principal Place of Business:

4 WEST OAK ST.
STE E
ARCADIA, FL 34266

New Principal Place of Business:

12415 SW SHERI AVE.
SUITE A
LAKE SUZY, FL 34269

Current Mailing Address:

PO BOX 1940
ARCADIA, FL 34265

New Mailing Address:

PMB 457 24123 PEACHLAND BLVD
UNIT C-4
PT. CHARLOTTE, FL 33954

FEI Number: 65-0882077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, DAVID P
4 WEST OAK STREET
STE E
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

CARLTON, DAVID P
12415 SW SHERI AVE
SUITE A
LAKE SUZY, FL 34269 US

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.

SIGNATURE:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CARLTON, DAVID P
Address: 4 WEST OAK ST, STE E
City-St-Zip: ARCADIA, FL 34266

Title: V () Delete
Name: CARLTON, CINDY J
Address: 4 WEST OAK ST., STE E
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: CARLTON, DAVID P
Address: 12415 SW SHERI AVE
City-St-Zip: LAKE SUZY, FL 34269

Title: V (X) Change () Addition
Name: CARLTON, CINDY J
Address: 12415 SW SHERI AVE
City-St-Zip: LAKE SUZY, FL 34269

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. CARLTON

PTSD

04/14/2005

Electronic Signature of Signing Officer or Director

Date