

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-24-2007 90047 035 ***150.00

DOCUMENT # P99000052086 1. Entity Name CARLY HOLDING CORPORATION					
Principal Place of Business 1209 S. 30TH AVENUE HOLLYWOOD FL 33020				Mailing Address 1209 S. 30TH AVENUE HOLLYWOOD FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0928352 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, RONALD L ESQ. SUITE 407, SKYLAKE STATE BANK BLDG. 1550 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179			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 true if applicable (NOTE: Registered Agent's signature required when re-electing) DATE					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
P	APPLEDORF, HOWARD	1209 S 30TH AVENUE	HOLLYWOOD	FL	33020
☐ Delete ☐ Change ☐ Addition					
TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
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☐ Delete ☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			2/10/2007 954-927-2880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		