


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000111384
 1. Entity Name
CARLSEN ENTERPRISES CORP.



Principal Place of Business Mailing Address
3520 OAKS WAY **21206 CAPTIVA CT**
103 **CORNELIUS, NC 28031**
POMPANO BEACH, FL 33069

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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0972048 Not Applicable

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

6. Name and Address of Current Registered Agent
CARLSEN, CHRISTIAN
3520 OAKS WAY APT 103
POMPANO BEACH, FL 33069

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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 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSEN, CHRISTIAN E 21206 CAPTIVA CT CORNELIUS, NC 28031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSEN, SUSAN R 21206 CAPTIVA CT CORNELIUS, NC 28031
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Christian E. Carlsen* 1-7-05 704-896-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #