

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48028

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CARLSON OF MARION COUNTY, INC.

**Current Principal Place of Business:**

2715 SE 23RD AVE.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

2715 SE 23RD AVE.  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-3189429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSON, JACKIE  
2715 SE 23RD AVE.  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CARLSON, JACKIE  
Address: 2715 SE 23RD AVE.  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: CARLSON, TERRY  
Address: 2715 SE 23RD AVE.  
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete  
Name: PRIVATEER, GREGORY  
Address: 2995 SE 40 ST  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: CAMP, HALEY A  
Address: 3208 SE 35 ST  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CARLSON, HALEY A  
Address: 3208 SE 35 ST  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACKIE CARLSON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date