

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S48028

**FILED**  
**Mar 10, 2011**  
**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:**

5110 SE 47 CT RD  
OCALA, FL 34480 US

**Current Mailing Address:**

2715 SE 23RD AVE.  
OCALA, FL 34471 US

**New Mailing Address:**

5110 SE 47 CT RD  
OCALA, FL 34480 US

**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:**

CARLSON, JACKIE  
5110 SE 47 CT RD  
OCALA, FL 34480 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:** JACKIE CARLSON

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** CARLSON, JACKIE  
**Address:** 5110 SE 47 CT RD  
**City-St-Zip:** OCALA, FL 34480

**Title:** VP  
**Name:** CARLSON, TERRY  
**Address:** 5110 SE 47 CT RD  
**City-St-Zip:** OCALA, FL 34480

**Title:** S  
**Name:** CARLSON, HALEY A  
**Address:** 3208 SE 35 ST  
**City-St-Zip:** OCALA, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** JACKIE CARLSON

PRES

03/10/2011

Electronic Signature of Signing Officer or Director

Date