

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000086867

**Entity Name:** ARLENE CARLSEN, INC.

**Current Principal Place of Business:**

1301 SOUTH PATRICK DRIVE  
SUITE 52  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

116 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937

**FEI Number:** 56-2285630

**Certificate of Status Desired:** No

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

CARLSEN, ARLENE  
116 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARLSEN, ARLENE  
Address        116 WINDWARD WAY  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            VP  
Name            MOORE, STEVE  
Address        116 WINDWARD WAY  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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:** ARLENE CARLSEN

**OWNER**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date