

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000096210

**Entity Name:** CARMEN AND ASSOCIATES, INC.

**Current Principal Place of Business:**

4381 SE VILLAGE ROAD  
STUART, FL 34997

**Current Mailing Address:**

P. O. BOX 596  
STUART, FL 34995 US

**FEI Number:** 46-5362276

**Certificate of Status Desired:** Yes

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

ANDERSON, CARMEN L  
4381 SE VILLAGE ROAD  
STUART, FL 34997 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 P  
Name ANDERSON, CARMEN L  
Address 4381 SE VILLAGE ROAD  
City-State-Zip: STUART FL 34997

Title VP  
Name ANDERSON, CARMEN L  
Address 4381 SE VILLAGE ROAD  
City-State-Zip: STUART FL 34997

Title SEC  
Name ANDERSON, CARMEN L  
Address 4381 SE VILLAGE ROAD  
City-State-Zip: STUART FL 34997

Title TRES  
Name ANDERSON, CARMEN L  
Address 4381 SE VILLAGE ROAD  
City-State-Zip: STUART FL 34997

*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:** CARMEN L. ANDERSON

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date