2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480222

FILED Apr 08, 2009 Secretary of State

Entity Name: CALKINS-KRAMER INSURANCE INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	URTH ST., N. RSBURG, FL	337163809			
Current N	lailing Addres	ss:	New Mailing Addre	ss:	
	URTH ST., N. RSBURG, FL	337163809			
FEI Number	: 59-1607068	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
CALKINS, 1110 81S ST PETE	ΓST. SO.	33711 US			
J L.L	RSBURG, FL				
The above	ŕ		ourpose of changing its register	ed office or registered agent, or both,	
The above	e named entity e of Florida.		ourpose of changing its register	red office or registered agent, or both,	
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electror	submits this statement for the particles of Registered Agrands		red office or registered agent, or both, Date	
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electror	submits this statement for the լ			
The above n the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electror	submits this statement for the pair is statement for the pair is statement for the pair is submitted. Again is submitted as a submitted for the pair is submitted for the pair is submitted.	ent		
The above n the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the particles of Registered Agrang Trust Fund Contribution (). TORS: Delete FER. REET NORTH	ent	Date	
The above n the Status SIGNATU Election Ca OFFICER Fitle: Name: Address:	e named entity e of Florida. RE: Electron mpaign Financin S AND DIREC PSTD (CALKINS, KEIF 10261 4TH STI ST. PETERSBU	submits this statement for the particles of Registered Ages of Trust Fund Contribution (). TORS: Delete FER. REET NORTH URG, FL Delete EREET N.	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR	

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: KEIFER CALKINS PSTD 04/08/2009