

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90004 043 ***550.00

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1. Entity Name

CALLON PETROLEUM OPERATING COMPANY



Principal Place of Business

200 N. CANAL STREET
P. O. BOX 1287
NATCHEZ MS 39120
US

Mailing Address

200 NORTH CANAL STREET
P.O. BOX 1287
NATCHEZ MS 39120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-0744280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME CALLON, JOHN S.
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS

TITLE V ☒ Delete
NAME CHRISTIAN, DENNIS W.
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS

TITLE PD ☐ Delete
NAME CALLON, FRED L. (SR V)
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS

TITLE S ☐ Delete
NAME MAYFIELD, ROBERT
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS 39120

TITLE VT ☐ Delete
NAME WEATHERLY, JOHN S.
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS

TITLE T ☐ Delete
NAME SMITH, RODGER
STREET ADDRESS 200 N. CANAL ST.
CITY-ST-ZIP NATCHEZ MS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Mayfield* *Robert A. Mayfield* *5/13/04* *(601)442-1601*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #