

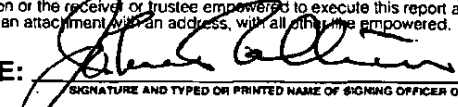
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-18-2004 90003.029 ****61.25
P02000135349

04 MAY 24 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54054622

DOCUMENT # P02000135349					
1. Entity Name JOHN T. CALKINS ENTERPRISES, INC.					
Principal Place of Business 2011 GULF SHORE BLVD NORTH #43 NAPLES, FL 34102			Mailing Address 2011 GULF SHORE BLVD NORTH #43 NAPLES, FL 34102		
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 02-0672975				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICI, JAMES R 1185 IMMOKALEE ROAD, SUITE #110 NAPLES, FL 34110			7. Name and Address of New Registered Agent		
			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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CALKINS, JOHN T		NAME		
STREET ADDRESS	2011 GULF SHORE BLVD NORTH #43		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	CALKINS-HUBLEY, SHARON		NAME	Sharon Hubley-Calkins	
STREET ADDRESS	5420 30th PLACE NW		STREET ADDRESS	5420 30th Place NW	
CITY-ST-ZIP	WASHINGTON, DC 20015		CITY-ST-ZIP	Washington, DC 20015	
TITLE	DVP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HUBLEY, PETER A		NAME	Peter A. Hubley	
STREET ADDRESS	5420 13TH PLACE NW		STREET ADDRESS	5420 30th Place NW	
CITY-ST-ZIP	WASHINGTON, DC 20015		CITY-ST-ZIP	Washington, DC 20015	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 names empowered.					
SIGNATURE: 			11 May 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		