

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000050402	
1. Entity Name CALLADINE, INC.	

Principal Place of Business 1537 DALE MABRY HWY LUTZ, FL 33548 US	Mailing Address 1537 DALE MABRY HWY LUTZ, FL 33548 US
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3255749	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALLADINE, ROBERT J 1537 DALE MABRY HWY LUTZ, FL 33548	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CALLADINE, ROBERT J 6212 LONNIE LEE LANE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CALLADINE, HAZEL A 6212 LONNIE LEE LANE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/03/05-80087-019 150.00

DO NOT WRITE IN THIS SPACE

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 J. Calladine* (ROBERT J. CALLADINE) 1/31/05 813-948-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #