

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State



DOCUMENT # P95000091617

1. Entity Name
CAULKINS LAND HOLDINGS CORP.

Principal Place of Business 1400 COLORADO STATE BANK BLDG. 1600 BROADWAY DENVER CO 80202	Mailing Address 1400 COLORADO STATE BANK BLDG. 1600 BROADWAY DENVER CO 80202
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2212372**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CAULKINS, GEORGE P III
7801 S.W. CITRUS BLVD
STUART FL 34995**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD CAULKINS, GEORGE P III	<input type="checkbox"/> Delete
STREET ADDRESS	1600 BROADWAY, SUITE 1400	
CITY- ST- ZIP	DENVER CO 80202	

TITLE	U00000745567	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	05/16/07-80034-010 150.00	
CITY- ST- ZIP		

TITLE	ST MASI, CAROLYN M	<input type="checkbox"/> Delete
STREET ADDRESS	1600 BROADWAY SUITE 1400	
CITY- ST- ZIP	DENVER CO 80202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information provided in 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:

Carolyn M. Masi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

303-861-4230

Date

Daytime Phone #