


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90182 037 ***150.00

DOCUMENT # P98000080146

1. Entity Name
CALOOSA (FLORIDA) INC.



Principal Place of Business Mailing Address

C/O JANE E. LAMBERSON **C/O JANE E. LAMBERSON**
8955 FONTANA DEL SOL WAY **8955 FONTANA DEL SOL WAY**
NAPLES, FL 34019 US **NAPLES, FL 34019 US**

14004164



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0871471 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMBERSON, JANE
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	SPINDLER, GUNTHER	
STREET ADDRESS	AMTSSTRABE 49	
CITY-ST-ZIP	1210 WIEN, AUSTRIA,	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SPINDLE, INGE	
STREET ADDRESS	AMTSSTRASSE 49	
CITY-ST-ZIP	1210 VIENNA AUSTRAE,	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERSON, JANE E	
STREET ADDRESS	8955 FONTANA DEL SOL WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMTSSTRASSE 49	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINDLER, INGE	
STREET ADDRESS	1210 WIEN, AUSTRIA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JANE E. LAMBERSON, DIRECTOR Date: 4/25/05 Daytime Phone #: (239) 262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE E. LAMBERSON