

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 394208

FILED  
Jan 13, 2011  
Secretary of State

Entity Name: CALLAWAY AND PRICE, INC.

**Current Principal Place of Business:**

1639 FORUM PLACE  
#5  
WEST PALM BEACH, FL 334012330

**New Principal Place of Business:**

**Current Mailing Address:**

1639 FORUM PLACE  
#5  
WEST PALM BEACH, FL 334012330

**New Mailing Address:**

FEI Number: 59-1373470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SLADE, MICHAEL R  
1639 FORUM PLACE  
STE 5  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SLADE, MICHAEL R  
Address: 1639 FORUM PL #5  
City-St-Zip: W PALM BEACH, FL

Title: VS  
Name: GRAY, HARRY D  
Address: 1639 FORUM PL #5  
City-St-Zip: W PALM BEACH, FL

Title: VT  
Name: HRABKO, DANIEL P.  
Address: 1639 FORUM PL 5  
City-St-Zip: W PALM BCH, FL

Title: V  
Name: SHAW, STEPHEN D  
Address: 1639 FORUM PL 5  
City-St-Zip: W PALM BCH, FL

Title: V  
Name: PHILLIPS, CURTIS L  
Address: 1639 FORUM PL #5  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V  
Name: NEILL, STEPHEN G  
Address: 1639 FORUM PL #5  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL R. SLADE

PRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date