

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90083 026 \*\*\*150.00

<b>DOCUMENT # 309185</b>	
1. Entity Name <b>C. A. L. CORPORATION</b>	



Principal Place of Business <b>P.O. BOX 121525 CLERMONT, FL 34712-0126</b>	Mailing Address <b>P.O. BOX 121525 CLERMONT, FL 34712-0126</b>
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2. Principal Place of Business - No P.O. Box # <b>8047 Co. Road 561</b>	3. Mailing Address <b>8047 Co. Road 561</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>CLERMONT, FL</b>	City & State <b>CLERMONT, FL</b>
Zip <b>34711</b>	Country <b>U.S.</b>

01312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-1148920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>STOSBERG, RAY JR. HWY. 561 SOUTH CLERMONT, FL 34712</b>	7. Name and Address of New Registered Agent Name <b>FRANK C. STOSBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>8047 Co. Road 561</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>
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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 **FRANK C. STOSBERG** *Frank C Stosberg* DATE **3-27-07**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOSBERG, RAY JR P.O. BOX 121525 CLERMONT, FL 34712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK C. STOSBERG 8047 Co. Road 561 CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **FRANK C. STOSBERG** *Frank C Stosberg* DATE **3-27-07** (352) 267-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR