

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 006 \*\*\*150.00

**DOCUMENT # 370403**

1. Entity Name  
**CALITRI ENTERPRISES, INC.**



Principal Place of Business

**65 EASTVIEW AVENUE  
VALPARISO, FL 32580**

Mailing Address

**65 EASTVIEW AVENUE  
VALPARISO, FL 32580**

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1304074**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREIMUTH, JAMES G  
65 EASTVIEW AVENUE  
VALPARISO, FL 32580**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
CALITRI, ADALINE  
434 HWY 190  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Adeline Calitri* 24 Jan 06 401-245-6519

ATTACHMENT

40008321



410 South Main Street

Providence, RI 02903

Telephone: 401-831-9000

Facsimile: 401-831-9090

www.carlinolaw.com

January 27, 2006

Secretary of State  
Florida Department of State  
R.A. Gray Building  
500 S. Bronough  
Tallahassee, FL 32399-0250

Re: Calitri Enterprises Inc. Document # 370403

Dear Sir/ Madam:

Enclosed please find the 2006 Annual Report for the above shown corporation along with the filing fee of \$150.00.

Please call me if you need anything further in this mater.

Very truly yours,

Gene M. Carlino  
GMC/jas

File No. 1527