2004=FOR-PROFIT-CORPORATION*

City & State

ANNUAL REPORT (AR) DOCUMENT # 397630 1. Entity Name CALVIN'S HEAVY EQUIPMENT, INC Principal Place of Business Mailing Address 1741 N. SHERMAN AVENUE PANAMA CITY FL 32405 1741 N. SHERMAN AVENUE PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

Country

CLEGHORN, CALVIN R SR 8811 S. MCCANN RD. SOUTH PORT FL 32409

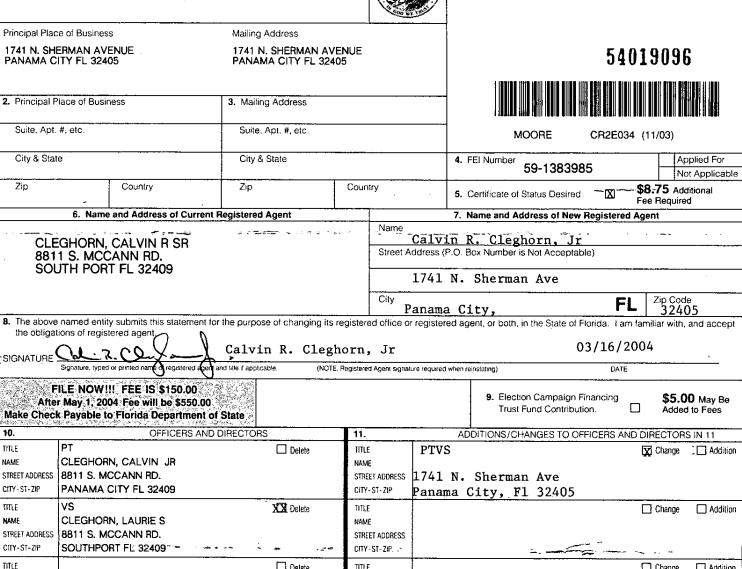
Signature, typed or printed nar

the obligations of registered agen

SIGNATURE CLAL R. (

FILED Mar 18, 2004 8:00 am **Secretary of State**

03-18-2004 90004 005 ***158.75



	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND DIRECTORS	S	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLEGHORN, CALVIN JR 8811 S. MCCANN RD. PANAMA CITY FL 32409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Sherman Ave City, Fl 32405	∑ Change	. ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLEGHORN, LAURIE S 8811 S. MCCANN RD. SOUTHPORT FL 32409	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP~			☐ Change	☐ Addition
TITLE 'NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition

Country

Calvin R. Cleghorn, Jr

City

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 path; 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 is
	changed, or on an attachment with an address, with all other like empowered.
	7 1 · · · 1 · · · · · · · · · · · · · · · · · · ·

City & State

Zip

03/16/0224

850-785-1503

Daytime Phone #