

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90004 005 ***158.75

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1. Entity Name

CALVIN'S HEAVY-EQUIPMENT, INC



Principal Place of Business

1741 N. SHERMAN AVENUE
 PANAMA CITY FL 32405

Mailing Address

1741 N. SHERMAN AVENUE
 PANAMA CITY FL 32405

54019096



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1383985

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Calvin R. Cleghorn, Jr

Street Address (P.O. Box Number is Not Acceptable)

1741 N. Sherman Ave

City

Panama City,

FL

Zip Code
 32405

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

Calvin R. Cleghorn, Jr

03/16/2004

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT Delete
 NAME CLEGHORN, CALVIN JR
 STREET ADDRESS 8811 S. MCCANN RD.
 CITY-ST-ZIP PANAMA CITY FL 32409

TITLE VS Delete
 NAME CLEGHORN, LAURIE S
 STREET ADDRESS 8811 S. MCCANN RD.
 CITY-ST-ZIP SOUTHPORT FL 32409

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTVS Change Addition
 NAME
 STREET ADDRESS 1741 N. Sherman Ave
 CITY-ST-ZIP Panama City, Fl 32405

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/0224

Date

850-785-1503

Daytime Phone #