


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 480222 1. Entity Name CALKINS-KRAMER INSURANCE INC.	
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Principal Place of Business 10261 FOURTH ST., N. ST. PETERSBURG, FL 33716-3809	Mailing Address 10261 FOURTH ST., N. ST. PETERSBURG, FL 33716-3809
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01222007 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1607068	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALKINS, KEIFER
1110 81ST ST. SO.
ST. PETERSBURG, FL 33711

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 CALKINS, KEIFER 10261 4TH STREET NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALKINS, KYLE 10261 4TH STREET N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIOTTE, JOANNE 10261 4TH STREET N ST. PETERSBURG, FL
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04/18/07-80051-001.150.00

**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: 
KEIFER CALKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2007

Date

(727) 577-9610

Daytime Phone #