

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 480222**

1. Entity Name  
CALKINS-KRAMER INSURANCE INC.



Principal Place of Business

10261 FOURTH ST., N.  
ST. PETERSBURG, FL 33716-3809

Mailing Address

10261 FOURTH ST., N.  
ST. PETERSBURG, FL 33716-3809



03032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1607068

Applied For  
Not Applicable

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CALKINS, KEIFER .
STREET ADDRESS	10261 4TH STREET NORTH
CITY- ST- ZIP	ST. PETERSBURG, FL
TITLE	V
NAME	CALKINS, KYLE
STREET ADDRESS	10261 4TH STREET N.
CITY- ST- ZIP	ST. PETERSBURG, FL
TITLE	V
NAME	DIOTTE, JOANNE
STREET ADDRESS	10261 4TH STREET N
CITY- ST- ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000895422  
04/24/08-80068-011 150.00

**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  
KEIFER CALKINS

4/9/2008

Date

(727) 577-9610

Daytime Phone #