2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT #558020** Jan 22, 2007 08:00 AM Secretary of State DAN CALLAGHAN ENTERPRISES, INC. Mailing Address Principal Place of Business 1301 44TH AVE. E. 1301 44TH AVE. E. BRADENTON, FL 34203 BRADENTON, FL 34203 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1795428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLALOCK, ROBERT G. DO NOT WRITE 802 11TH STREET WEST BRADENTON, FL 33505 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE 0000000597312 CALLAGHAN, ELIZABETH C VP/TREA NAME 01/24/07-80030-015 150.00 STREET ADDRESS 1301 44TH AVE. F. CITY-ST-ZIP BRADENTON, FL 34203 nne CEO CALLAGHAN, DAN CEO NAME 1301 44TH AVE. E. STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP PRES SEVERSON, TODD PRES NAME STREET ADDRESS 1301 44TH AVE. E. DO NOT WRITE BRADENTON, FL 34203 CITY-ST-71P IN THIS SPACE VIRIGILIO, PATRICIA CRP SEC NAME 1301 44TH AVE, EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 fas 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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