2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646656

Title:

Name:

Address:

City-St-Zip:

Entity Name: CALVERT MANUFACTURING, INC

FILED Aug 17, 2006 Secretary of State

Littly Nan	ie. CALVERT	MANOFACTORING, INC.				
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
245 NORTH LONGWOO	H ST DD, FL 32750	US				
Current Mailing Address:			New Mailii	New Mailing Address:		
245 NORTH LONGWOO	H ST DD, FL 32750	US				
FEI Number: 59-2021867		FEI Number Applied For ()	FEI Number Not Appli	icable () C	ertificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
245 NORTH	ALBERT A JR H ST DD, FL 32750	US				
The above in the State	named entity su of Florida.	bmits this statement for the pu	rpose of changing it	ts registered offic	ce or registered agent, or both,	
SIGNATUR						
	Electronic	Signature of Registered Ager	nt		Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () C CALVERT, HARR 288 RANDLE AVE OAK HILL, FL		Title: Name: Address: City-St-Zip:	() Cł	nange () Addition	
Title: Name: Address: City-St-Zip:	PRES () D ROLLINS, ALBER 851 CANOVIA AV ORLANDO, FL 3	/E	Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	
Title: Name: Address: City-St-Zip:	SECT () D TUCKER, DANA F 1305 INDIAN ROO DELTONA, FL 32	CK COURT	Title: Name: Address: City-St-Zip:	SECT (X) CI TUCKER, DANA R 3001 MALLARD D DELTONA, FL 32	R	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT A ROLLINS JR PRES 08/17/2006

() Delete

WALSH, DAVID P

1509 TUBECK COURT

DELTONA, FL 32738

() Change () Addition