

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 17, 2009  
Secretary of State**

DOCUMENT# 646656

Entity Name: CALVERT MANUFACTURING, INC.

**Current Principal Place of Business:**

245 NORTH ST  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

245 NORTH ST  
LONGWOOD, FL 32750 US

**New Mailing Address:**

FEI Number: 59-2021867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MONDAY, RON  
245 NORTH ST  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: CALVERT, HARRY B  
Address: 288 RANDLE AVE  
City-St-Zip: OAK HILL, FL 32759

Title: PRES ( ) Delete  
Name: TOWNSEND, ALAN R  
Address: 351 W. ARIEL ROAD  
City-St-Zip: EDGEWATER, FL 32141

Title: VP/S ( ) Delete  
Name: MONDAY, RON  
Address: 173 LEWIS STREET  
City-St-Zip: EDGEWATER, FL 32141

Title: TRE ( ) Delete  
Name: WALSH, DAVE  
Address: 1509 TUBECK COURT  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MONDAY, RON  
Address: 173 LEWIS STREET  
City-St-Zip: EDGEWATER, FL 32141

Title: SEC (X) Change ( ) Addition  
Name: CALVERT, JOANNE D  
Address: 288 RANDLE AVE  
City-St-Zip: OAK HILL, FL 32759

Title: TRES ( ) Change (X) Addition  
Name: CALVERT, JOANNE D  
Address: 288 RANDLE AVE  
City-St-Zip: OAK HILL, FL 32759

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ALAN TOWNSEND

PRES

08/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date