2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 655785

1. Entity Name
CALHOUN & SON, INC.

Principal Place of Business	Mailing Address
14175 SW 139 CT	14175 SW 139 CT
MIAMI, FL 33186 US	MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2006308	Not Applicable

| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |

6. Name and Address of Current Registered Agent

CALHOUN, MELVIN
19540 SW 232 ST
MIAMI, FL 33170

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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)

U000000581621
01/10/07-80095-004 150.00
DATE

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	VD
NAME	CALHOUN, DENNIS
STREET ADDRESS	16130 SW 84 PLACE
CITY-ST-ZIP	MIAMI, FL

TITLE	ST
NAME	CALHOUN, NANCY
STREET ADDRESS	14175 SW 139 CT
CITY-ST-ZIP	MIAMI, FL

TITLE	PD
NAME	CALHOUN, MELVIN
STREET ADDRESS	14175 SW 139 CT
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Dennis Calhoun