## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🗠

if changed, or on an attachment

SIGNATURE:

th an address) with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER O

## Feb 15, 2007 8:00 am **DOCUMENT # 659435 Secretary of State** 1. Entity Namo 02-15-2007 90053 013 \*\*\*150.00 CALLANDER & COMPANIES, INC. Principal Place of Business Mailing Address 2300 PALM BEACH LAKES BLVD., STE. 109 2300 PALM BEACH LAKES BLVD., STE. 109 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business - No P.O. Box # 2313 FGN BIVA 3. Mailing Address 2313 PGN BIVD Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number 59-2052474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALLANDER, FRANK E. Street Address (P.O. Box Number is Not Acceptable) 2300 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409 City Zip Code Fl 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 Squalure; typed or orinted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** THUE ☐ Delete 1000 Change Change Addition CALLANDER, FRANK E. NAME NAME 2373 PGA Blod 2300 PALM BEACH LK BLVD STREET ADORESS STREET ADDRESS Palm BEACH GARdeNS, FL 33410 WEST PALM BEACH FL CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete mu: ☐ Change Addition STHEET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-S1-7IP TITLE Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP ☐ Delete HITE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY - ST- ZIP 11111 ☐ Delete : Change Addition mu: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRELT ADDRESS CITY ST-782 CHY-S1-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address with all other like empowered.

EDUK E CAllANDER 3/7/07

FILED