2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91117 001 ***476.25

DOCUN 1. Entity Name CALPAC I					;	0.4)		
Principal Place of Business 700 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236 US		Mailing Address 700 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236 US			66415425				
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E034	(10/03)	
City & State)	City & State			4. FEI Number 59-14412	 257			olied For Applicable
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Age	ent	
SCHOUTEN, DIANE				Name					
700 BENJAMIN FRANKLIN DRIVE SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)					
				City		<u> </u>	FL	Zip Code)
	named entity submits this statement fo ons of registered agent.	r the purpose of changing	its register	red office or registe	ered agent, or both,	in the State of F	lorida. I am fam	niliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable (I	VOTE: Registers	ed Agent signature require	ed when reinstation)	, <u>, , , , , , , , , , , , , , , , , , </u>	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Carr Trust Fund C		·	5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	RECTORS	IN 11
TITLE	CPD	☐ Delete	TITL	E				Change	☐ Addition
NAME	HASSELL, ROBERT		NAA	ae					
STREET ADDRESS	700 BENJAMIN FRANKLIN DRIV	Æ		EET ADDRESS					1
CITY-ST-ZIP	SARASOTA, FL 34236		CITY	Y-ST-ZIP		<u> </u>			
TITLE	SD	☐ Delete	1111	· 1				Change	☐ Addition
NAME	HASSELL, FLORENCE	-	NAM	<u> </u>					
STREET ADDRESS	700 BENJAMIN FRANKLIN DRIN	/E		EET AODRESS Y-ST-ZIP					
CITY-ST-ZIP	SARASOTA, FL 34236								
TITLE	VPD	Delete Delete	TITL Transfer		سراجه بالتواج	يتستعدد المتعادية	□ . نحتانب	Change	, Addition
NAME CTREET ANDRESC	BROWN, CHRIS L 700 BENJAMIN FRANKLIN DR		NAM	·					1
STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 34236			EET AODRESS Y-ST-ZIP					Ì
	<u> </u>	Пол							
TITLE NAME	VPD SCHOUTEN, DIANE	Delete	TITI NAM				فا	Change	Addition
STREET ADDRESS	751 PERCHERON CIRCLE				O BEN F	OBANKIN	A DRIV	ستد ا	
CITY-ST-ZIP	NOKOMIS, FL 34275			Y-ST-ZIP	ARASOTA	FI	3423/		
TITLE	,	☐ Delete	TITE		1110190111	<u>, , , , , , , , , , , , , , , , , , , </u>		Change	Addition
NAME		<u> </u>	NAI	I			_		
STREET ADDRESS				REET ADORESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		☐ Delete	TIT	LE			Г	Change	Addition
NAME			NAI	ME			_	_ •	
STREET ADDRESS			STF	REET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does not qualif	v for the ex	emption stated in S	Section 119 07(3)(i)	Florida Statutes	L further certify	that the ir	formation

Indicated on this report or supplied with this liling does not quality for the exemption stated in Section 119.07(3)(i), 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: BUNOWLON D. SCHOUTEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04

941-388-5273