

2007 FOR PROFIT CORPORATION ANNUAL REPORT


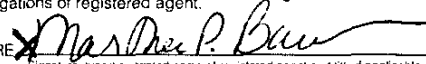
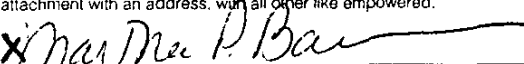
FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90163 022 ***158.75

40066855



01092007 Chg-P CR2E034 (12/06)

DOCUMENT # F21777					
1. Entity Name THE CALICO STATION, INC.					
Principal Place of Business 1857-9 WELLS RD ORANGE PARK, FL 32073 US			Mailing Address C/O DAVID KING 1416 KINGSLEY AVENUE ORANGE PARK, FL 32073 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2105326	
				<input checked="" type="checkbox"/> Certificate of Status Updated <input type="checkbox"/> Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAINBRIDGE, MARTHA CALICO STATION 1857 WELLS RD ORANGE PARK, FL 32073				Name Bainbridge, Martha P.	
				Street Address (P.O. Box Number is Not Acceptable) 1857 Wells Road	
				Suite 9	
				City Orange Park FL Zip Code 32073	
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  Martha P. Bainbridge, Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAINBRIDGE, MARTHA P		NAME	1857 Wells Road, Suite 9	
STREET ADDRESS	2599 RIDGECREST AVE		STREET ADDRESS	Orange Park, FL 32073	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, PAMELA P		NAME	1857 Wells Road, Suite 9	
STREET ADDRESS	968 LAKERIDGE DRIVE		STREET ADDRESS	Orange Park, FL 32073	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					
Martha P. Bainbridge, President					