2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F85088

1. *Entity Name*
CALOOSA GROUP, INC.

Principal Place of Business	Mailing Address
200 W. FORSYTH ST. SUITE 1600 JACKSONVILLE, FL 32202 US	867 CYPRESS LAKE CIRCLE FORT MYERS, FL 33919 US

01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2205289
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE, FL 32202

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000084315
01/17/06-80005-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DEV
NAME	NEWTON, RUSSELL B JR.
STREET ADDRESS	200 W. FORSYTH ST., SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	MOORE, JAMES W
STREET ADDRESS	867 CYPRESS LAKE CIR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	DV
NAME	NEWTON, RUSSELL B III
STREET ADDRESS	200 W. FORSYTH STREET, SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DV
NAME	MANN, RANDALL W
STREET ADDRESS	200 W. FORSYTH STREET, SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James W. Moore 1.8.05 239.822.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #