

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90660 044 \*\*\*150.00

**DOCUMENT # H22893**

1. Entity Name

CALDWELL, INC.



Principal Place of Business

22 S. LINKS AVE.  
SUITE 300  
SARASOTA FL 34236

Mailing Address

22 S. LINKS AVE.  
SUITE 300  
SARASOTA FL 34236

94080905



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2488029

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, DAVID  
219 S ORANGE AVE. 22 SOUTH LINKS AVE  
SARASOTA FL 34236-3899 SUITE 300  
SARASOTA, FL 34236

Name DAVID MITCHELL  
Street Address (P.O. Box Number is Not Acceptable)

22 SOUTH LINKS AVE, SUITE 300

City SARASOTA FL Zip Code 34236

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 David M. Mitchell

DAVID M. MITCHELL

2/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME CALDWELL, GORDON R  
STREET ADDRESS 2113 INGRAM AVE.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT  
NAME CALDWELL, CAROL A.  
STREET ADDRESS 2113 INGRAM AVE.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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:

Signature and Typed or Printed Name of Signing Officer or Director: Carol A. Caldwell, President April 29, 2004 941-924-9211

Date

Daytime Phone #