


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90077 038 ***150.00

DOCUMENT # H22893 1. Entity Name CALDWELL, INC.	
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Principal Place of Business 22 S. LINKS AVE. SUITE 300 SARASOTA, FL 34236	Mailing Address 22 S. LINKS AVE. SUITE 300 SARASOTA, FL 34236
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2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 700	3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 700
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City & State Sarasota, FL 34236	City & State Sarasota, FL 34236
Zip 34236	Country USA

400001110

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2488029

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

6. Name and Address of Current Registered Agent MITCHELL, DAVID 22 SOUTH LINKS AVE STE 300 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name David M. Mitchell Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 700 City Sarasota FL Zip Code 34236
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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 David M. Mitchell DATE 4/12/05

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CALDWELL, GORDON R 2113 INGRAM AVE. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CALDWELL, CAROL A. 2113 INGRAM AVE. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carol A. Caldwell March, 22 2005 941-924-9211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #