


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90200 001 ***150.00

DOCUMENT # H22893 1. Entity Name CALDWELL, INC.	
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Principal Place of Business 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236	Mailing Address 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236
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2. Principal Place of Business P.O. Box 5892 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 5892 Suite, Apt. #, etc.
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City & State Sarasota, Florida Zip 34277 Country US	City & State Sarasota, Florida Zip 34277 Country US
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04132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2488029	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, DAVID 1990 MAIN STREET STE 700 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Carol Caldwell, Agent Street Address (P.O. Box Number is Not Acceptable) c/o 2113 Ingram Ave City Sarasota FL Zip Code (34232)
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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 Carol A. Caldwell, Agent Carol Caldwell, Agent April 28, 2006
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, 2006 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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol A. Caldwell, Agent Carol Caldwell, Agent April 28, 2006 941-924-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #