

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H92208

1. Entity Name  
CALLAHAN INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 87  
CALLAHAN, FL 32011

Mailing Address

P.O. BOX 87  
CALLAHAN, FL 32011

**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2626498

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BURGESS, GRANVILLE C.  
303 CENTRE ST.  
SUITE 200  
FERNANDINA BEACH, FL 32034

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IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000730465  
02/15/05-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, WILLIAM G.
STREET ADDRESS	118 E 1 AVE
CITY-ST-ZIP	CALLAHAN, FL
TITLE	V
NAME	COOK, WILLIAM K.
STREET ADDRESS	118 E 1 AVE
CITY-ST-ZIP	CALLAHAN, FL
TITLE	ST
NAME	COLEMAN, JAMES M.
STREET ADDRESS	118 E 1 AVE
CITY-ST-ZIP	CALLAHAN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William G. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05  
Date

904-879-3702  
Daytime Phone #

*William G. Wright*