


**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      Mailing Address  
 P.O. BOX 87                              P.O. BOX 87  
 CALLAHAN, FL 32011                      CALLAHAN, FL 32011

**DO NOT WRITE IN THIS SPACE**



02112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2626498                      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

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

1100000230465  
 02/15/05-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, WILLIAM G. 118 E 1 AVE CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, WILLIAM K. 118 E 1 AVE CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, JAMES M. 118 E 1 AVE CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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*      2/11/05      904-879-3702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*William G. Wright*