

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 050 ***150.00

DOCUMENT # J02273

1. Entity Name

CALYPSO ENTERPRISES & HOLDINGS, INC.



Principal Place of Business

4813 TARPON CT CAPE CORAL
#5
CAPE CORAL FL 33904-9410

Mailing Address

4813 TARPON COURT
3
CAPE CORAL FL 33904-9410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7855 Cameron Circle
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Ft. Myers 33912 FL/

4. FEI Number

59-2327830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMMERMANN, KLAUS
7855 CAMERON CIRCLE
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4-10-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
D	TIMMERMANN, KLAUS	4809 TARPON COURT	CAPE CORAL FL	<input type="checkbox"/>
D	TIMMERMANN, FRANK	4813 TARPON CT	CAPE CORAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Timmermann, Klaus	7855 Cameron Circle	Ft. Myers 33912	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Timmermann april 06

239-7681358

Date

Daytime Phone #