

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # J14619

1. Entity Name

CALLAWAY POINT, INC.



Principal Place of Business

**1714 WEST 23RD STREET, SUITE 0
PANAMA CITY FL 32405
US**

Mailing Address

**1714 WEST 23RD STREET, SUITE 0
PANAMA CITY FL 32405
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2679816**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, FRED M
1714 W 23RD ST, STE 0
PANAMA CITY FL 32405**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **V LOCKE, LILA** ☐ Delete
STREET ADDRESS: **608 MALLORY DRIVE**
CITY-STATE-ZIP: **PANAMA CITY FL**

TITLE
NAME: **PST WEBB, FRED M.** ☐ Delete
STREET ADDRESS: **1714 W 23 STR, STE 0**
CITY-STATE-ZIP: **PANAMA CITY FL**

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP: **U00000650490**
03/08/07-80015-021-150.00 ☐ Change ☐ Addition

TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

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TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

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 or 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:

FRED M. WEBB

2/27/2007

850 769-2481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #