

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J68757**

1. Entity Name

CALMAC REALTY, INC.



Principal Place of Business

4711 US HWY 17  
SUITE 8  
ORANGE PARK FL 32003

Mailing Address

4711 US HWY 17  
SUITE 8  
ORANGE PARK FL 32003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2796188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N.  
5150 BELFONT ROAD  
BLDG 100  
JACKSONVILLE FL 32256

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, 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**

**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: SVD ☐ Delete  
NAME: MCWILLIAMS, A.E.  
STREET ADDRESS: P.O. BOX 0874 NA  
CITY-ST-ZIP: ORANGE PARK FL

TITLE: PTD ☐ Delete  
NAME: MCWILLIAMS, MACY  
STREET ADDRESS: P.O. BOX 0874 NA  
CITY-ST-ZIP: ORANGE PARK FL

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
1107000406043  
02/07/06-80064-013 150.00

☐ Change ☐ Add

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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: Macy C. McWilliams**

**January 20, 2006**

**80-811-5804**