

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J71358

1. Entity Name
CALDWELL REAL ESTATE SALES CORPORATION



Principal Place of Business
5201 GULFPORT BLVD
GULFPORT, FL 33707

Mailing Address
5201 GULFPORT BLVD
GULFPORT, FL 33707

FILED

Jul 10, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2911047

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HORNSLETH, POUL
5201 GULFPORT BLVD
GULFPORT, FL 33707

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000954061
07/10/08-80009-019 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALDWELL, R. W. JR.
6614 FLAMINGO WAY SOUTH
GULFPORT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HORNSLETH, POUL
2846 SKIMMER POINT DRIVE
GULFPORT, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HORNSLETH, APRIL C.
2846 SKIMMER POINT DRIVE
GULFPORT, 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 exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #