

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K04065

1. Entity Name
CALVERT SAILS, INC.



FILED
04 JUN 10 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA, FL 33036

Mailing Address
CALVERT SAILS, INC.
POST OFFICE BOX 1082
ISLAMORADA, FL 33036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2882586

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

CALVERT, DAVID
200 INDUSTRIAL DR.
MILE 81 1/2 OLD HWY
ISLAMORADA, FL 33036

Name
Joe Miklas

Street Address (P.O. Box Number is Not Acceptable)
88765 Overseas Highway

City
Islamorada

FL

Zip Code
33036

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)

4-12-04

DATE

FILE NOW!!! FEE IS \$750.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Delete
NAME CALVERT, DAVID
STREET ADDRESS 1177 OLD HWY.
CITY-ST-ZIP ISLAMORADA, FL

TITLE PD ☐ Change ☒ Addition
NAME Halsey, Andrew M.
STREET ADDRESS Route 184
CITY-ST-ZIP Old Mystic, CT 06372

TITLE D ☒ Delete
NAME CALVERT, PATRICIA
STREET ADDRESS 161 NAUTILUS DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE Dudley, ☐ Change ☒ Addition
NAME Keiley, Margaret
STREET ADDRESS Route 184
CITY-ST-ZIP Old Mystic, CT 06372

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 900038020079
STREET ADDRESS 06/16/04--01053--009
CITY-ST-ZIP **550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

3/22/04