

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90070 010 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # L01683</b>                              |  |
| 1. Entity Name<br><b>CALHOUN CONSTRUCTION COMPANY</b> |   |

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| Principal Place of Business<br><b>PO BOX 770159<br/>WINTER GARDEN, FL 34777-0159</b> | Mailing Address<br><b>P.O. BOX 770159<br/>WINTER GARDEN, FL 34777-0159</b> |
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|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State<br><br>Zip Country                           | City & State<br><br>Zip Country               |



01132005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent<br><br><b>CALHOUN, WAYMOND H JR<br/>705 ARCHUS CT.<br/>WINTER GARDEN, FL 34787</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name<br><b>CALHOUN, WAYMOND H. JR</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1165 EAST PLANT ST. SUITE #9</b><br>City<br><b>WINTER GARDEN</b> FL Zip Code<br><b>34787</b>  |  |
| 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.<br>SIGNATURE <i>Waymond H. Calhoun</i> DATE <b>2/8/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>2/8/05</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>CALHOUN, TILDA DUKE<br>127 DUKE ROAD<br>COLUMBIA, LA 71418 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>CALHOUN, WAYMOND H. J<br>1165 EAST PLANT ST. SUITE #9<br>WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CALHOUN, WAYMOND<br>127 DUKE ROAD<br>COLUMBIA, LA 71418 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CALHOUN, WAYMOND H J<br>705 ARCHUS CP<br>WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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: <i>Waymond H. Calhoun</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | Date <b>2/8/05</b><br><small>Daytime Phone #</small> |