


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 028 ***150.00

DOCUMENT # L06299 1. Entity Name CALVIN HOLDINGS, INC.	
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Principal Place of Business 12855 PHILLIPS HWY JACKSONVILLE FL 32256-3704	Mailing Address 12855 PHILLIPS HWY JACKSONVILLE FL 32256-3704
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J4U6702U



MOORE CR2E034 (11/03)

2. Principal Place of Business 5431 Otters Run Lane Suite, Apt. #, etc. JACKSONVILLE, FL	3. Mailing Address 5431 OTTERS RUN LANE Suite, Apt. #, etc. JACKSONVILLE, FL
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32258	Country USA
Zip 32258	Country USA

4. FEI Number 59-2971834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAXWELL, RONALD W. 12 N. UNIVERSITY BLVD. JACKSONVILLE FL 32211-7595
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CALVIN, OLLIE M. <input type="checkbox"/> Delete 2775 LE MANS COURT PONTE VEDRA BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALVIN, ROBERT E. <input type="checkbox"/> Delete 2775 LE MANS COURT PONTE VEDRA BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALVIN; ROBERT P: 5431 OTTERS RUN LANE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert P. Calvin Date: 3/17/04 Daytime Phone #: 904-635-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR