

# 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.



Principal Place of Business

12855 PHILLIPS HWY  
JACKSONVILLE FL 32256-3704

Mailing Address

12855 PHILLIPS HWY  
JACKSONVILLE FL 32256-3704

J4U6102U



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5431 OTTERS RUN LANE

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

3. Mailing Address

5431 OTTERS RUN LANE

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

4. FEI Number

59-2971834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

32258

Country

USA

Zip

32258

Country

USA

6. Name and Address of Current Registered Agent

MAXWELL, RONALD W.  
12 N. UNIVERSITY BLVD.  
JACKSONVILLE FL 32211-7595

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, 2004 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 DS ☐ Delete  
NAME CALVIN, OLLIE M.  
STREET ADDRESS 2775 LE MANS COURT  
CITY-ST-ZIP PONTE VEDRA BCH. FL

TITLE DV ☐ Delete  
NAME CALVIN, ROBERT E.  
STREET ADDRESS 2775 LE MANS COURT  
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE DP ☐ Delete  
NAME CALVIN, ROBERT P.  
STREET ADDRESS 5431 OTTERS RUN LANE  
CITY-ST-ZIP JACKSONVILLE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Robert P. Calvin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

904-635-5967

Daytime Phone #