

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L46632**

1. Entity Name  
**CALYPSO CATERERS INC.**



Principal Place of Business  
**458 S CYPRESS RD  
POMPANO BEACH, FL 33060 US**

Mailing Address  
**458 S CYPRESS RD  
POMPANO BEACH, FL 33060 US**



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0184776</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TERNOSKY, CHARLES A.  
1730 SW 4TH AVE  
POMPANO BEACH, FL 33060**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000402524  
02/03/06-80011-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNOSKY, CHARLES A. 1730 SW 4TH AVE POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, JACKIE S. 223 ALGIERS AVE LAUDERDALE-BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNOSKY, LORA K 1730 SW 4TH AVE POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEAL, JAMES M 223 ALGIERS AVE LAUDERDALE BY THE SEA, FL 33308
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:**

*Jackie O'Neal (Sec)* **JACKIE O'NEAL**

**1/24/06 (954) 942-1633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #