

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90246 001 ***158.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0184776	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TERNOSKY, CHARLES A. 1730 SW 4TH AVE POMPANO BEACH, FL 33060				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 <u>Charles A. Ternosky</u> DATE <u>4/29/08</u> (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNOSKY, CHARLES A. 1730 SW 4TH AVE POMPANO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, JACKIE S. 223 ALGIERS AVE LAUDERDALE-BY-THE-SEA, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERNOSKY, LORA K 1730 SW 4TH AVE POMPANO BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEAL, JAMES M 223 ALGIERS AVE LAUDERDALE BY THE SEA, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Charles A. Ternosky</u> CHARLES A. TERNOSKY 4/14/08 954 942 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					

Daytime Phone # 1633