

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006055

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: CALENDAR GIRLS, INC.

## Current Principal Place of Business:

18142 RICARDO CT SE  
FT. MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 61723  
FT MYERS, FL 33906

## New Mailing Address:

FEI Number: 56-2588494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEGLER, TINA  
18142 RICARDO CT SE  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZEMAITIS, DEBRA  
Address: 909 MCKINLEY AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V ( ) Delete  
Name: FLOYD, LINDA  
Address: 13280 CORBEL CIR #1917  
City-St-Zip: FT MYERS, FL 33907

Title: S ( ) Delete  
Name: BRUSSEAU, SUZANNE  
Address: 916 SE 16TH ST.  
City-St-Zip: CAPE CORAL, FL

Title: T ( ) Delete  
Name: PEGLER, TINA  
Address: 18142 RICARDO CT SE  
City-St-Zip: FT. MYERS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ROSE, LYNN  
Address: 1413 SW 51ST LANE #31  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA K. ZEMAITIS

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date