


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90447 007 ***150.00

DOCUMENT # P00000107376			
1. Entity Name CALLAHAN AND CALLAHAN AGENCY INC.			
Principal Place of Business 2127 10TH AVE. NORTH LAKE WORTH FL 33461		Mailing Address PO BOX 1621 LAKE WORTH FL 33460	
2. Principal Place of Business 1115 N. K St.		3. Mailing Address P.O. Box 1621	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33460		Country U.S.A.	
4. FEI Number 65-1049968		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 CALLAHAN, TAMMY C 2127 10TH AVE. NORTH LAKE WORTH FL 33461		7. Name and Address of New Registered Agent Michael W. Callahan 1115 N. K St. Lake Worth, FL 33460	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME CALLAHAN, TAMMY C	TITLE PD	NAME Callahan, Michael
STREET ADDRESS 2127 10TH AVE. NORTH	CITY-ST-ZIP LAKE WORTH FL 33461	STREET ADDRESS 1115 N. K ST	CITY-ST-ZIP Lake Worth, FL 33460
TITLE S	NAME YOUNG, LLOYD	TITLE 1/5	NAME Diiodati, Lesley
STREET ADDRESS 2600 6TH AVENUE SOUTH #59	CITY-ST-ZIP LAKE WORTH FL 33461	STREET ADDRESS 1115 N. K ST.	CITY-ST-ZIP Lake Worth, FL 33460
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	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: Michael W. Callahan		SIGNATURE: Michael W. Callahan	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/26/05	

Michael Callahan - President
Lesley Diiodati - Treasurer/Sec.