

Apr. 27. 2005 3:38PM

No. 4622 P. 2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000112033 1. Entity Name CALLAHAN COMMUNICATIONS INC.	
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Principal Place of Business 114 SAN JUAN DRIVE ISLAMORADA, FL 33036	Mailing Address 88005 OVERSEAS HWY #10-105 ISLAMORADA, FL 33038 US
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1064374	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, REBECCA A
114 SAN JUAN DRIVE
ISLAMORADA, FL 33036

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IN THIS SPACE**

7. 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 resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, REBECCA A 114 SAN JUAN DRIVE ISLAMORADA, FL 33036
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rebecca A Callahan* 4/29/05 305-393-1892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #