


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 JUN -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001426			
1. Entity Name CALEB ENTERPRISES INC.			
Principal Place of Business 2866 FOREST OAKS DR ORANGE PARK, FL 32073		Mailing Address 2866 FOREST OAKS DR ORANGE PARK, FL 32073	
2. Principal Place of Business 2038 COLLEGE ST Suite, Apt. #, etc. JACKSONVILLE, FL		3. Mailing Address 2038 COLLEGE ST Suite, Apt. #, etc. JACKSONVILLE, FL	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32204	Country USA	Zip 32204	Country USA
6. Name and Address of Current Registered Agent MASON, MOLLY S 2866 FOREST OAKS DR ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name JERRY L. MASON Street Address (P.O. Box Number is Not Acceptable) 2038 COLLEGE ST City JACKSONVILLE FL Zip Code 32204	
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>Jerry L. Mason</u> DIRECTOR DATE: <u>5-31-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D MASON, MOLLY S 2866 FOREST OAKS DR ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700076157957 06/13/06--01045--016 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, JERRY L 2866 FOREST OAKS DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JC 6/8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Jerry L. Mason</u> JERRY L. MASON DIRECTOR DATE: <u>5/31/2006</u> Daytime Phone #: <u>904-445-8591</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			