2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90003 041 ***150.00

DOCUMENT # P01000040783

1. Entity Name
CALHOUN PROPERTIES, INC.

Principal Place of Business	Mailing Address
1028 APOLLO BAECH BLVD #312 APOLLO BEACH, FL 33572	1028 APOLLO BAECH BLVD #312 APOLLO BEACH, FL 33572

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5840 A1A South	339 Keowee School RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. E-6
City & State: St. Augustine, FL	City & State: Seneca, SC
Zip: 32084 Country: USA	Zip: 29672 Country: USA

4. FEI Number: 58-2620125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLAHAN, THOMAS W 5840 A1A SOUTH ST. AUGUSTINE, FL 32080	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 Thomas W Callahan 1/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PVT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, THOMAS W	NAME	
STREET ADDRESS	5840 A1A SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OBRIEN, ALISON	NAME	
STREET ADDRESS	2 WHITE BIRCH WAY	STREET ADDRESS	
CITY-ST-ZIP	NORTH ATTLEBORO, MA 02760	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Thomas Callahan Thomas Callahan 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #