2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2004 08:00 AM Secretary of State **DOCUMENT # P01000046525** CALTHROP, BURNHAM, AND STILES, INC. Principal Place of Business Mailing Address 6011 WILLIAMSBURG WAY 6011 WILLIAMSBURG WAY **TAMPA, FL 33625** TAMPA, FL 33625 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0608390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEZALIS, GEORGE A DO NOT WRITE 6011 WILLIAMSBURG WAY TAMPA, FL 33629 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE MEZALIS, GEORGE A NAME 6011 WILLIAMSBURG WAY STREET ADDRESS U00000165208 07/12/04-80003-021 150.00 CKTY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME

12. Thereby certify that the Information supplied with this filling 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 applicacy, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CENCYE AND SPEED OR PRINTED MAKE OF SECTION OF FICE OR DIRECTOR

12/2004 813-962-7420

FILED