## 2006 FOR PROFIT CORPORATION

## Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000046525** 04-13-2006 90300 003 \*\*\*150.00 CALTHROP, BURNHAM, AND STILES, INC. Mailing Address Principal Place of Business 6011 WILLIAMSBURG WAY 6011 WILLIAMSBURG WAY 50011674 TAMPA, FL 33625 TAMPA, FL 33625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 02-0608390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEZALIS, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 6011 WILLIAMSBURG WAY TAMPA, FL 33629 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1-1 10. ☐ Delete TITLE TITLE ☐ Change 1 ■ Addition MEZALIS, GEORGE A NAME NAME 6011 WILLIAMSBURG WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TOLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 repetitor of the repetitor of the corporation or the repetitor of the repetitor o

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATUR

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Delete

☐ Change

☐ Addition

**FILED**