



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT #P01000054353 1. Entity Name CALICO JUNCTION, INC.						
Principal Place of Business 18383 CAMELLIA RD FT MYER, FL 33912		Mailing Address 18383 CAMELLIA RD FT MYER, FL 33912				
DO NOT WRITE IN THIS SPACE						
				 01082007 No Chg-P CR2E034 (11/05)		
		4. FEI Number 65-1108921		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PKWY, STE 204 FT MYERS, FL 33919				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<div>U000000722003 05/02/07-80015-002 150.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	D					
NAME	EASTWOOD, MARIE L					
STREET ADDRESS	18383 CAMELLIA RD					
CITY-ST-ZIP	FT MYER, FL 33912					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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>M Eastwood</u>		Marie EASTWOOD		20 APR 07 2392679144		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		