


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000120733 1. Entity Name EJ MCCALLUM, INC.	
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Principal Place of Business 7 ISLAND ESTATES PKWY PALM COAST, FL 32137	Mailing Address 7 ISLAND ESTATES PKWY PALM COAST, FL 32137
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03022006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754864	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 KALE, KEVIN 28 COLERIDGE COURT PALM COAST, FL 32137

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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 _____
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when relocating) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, ELIZABETH 7 ISLAND ESTATES PKWY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALE, KEVIN 28 COLERIDGE COURT PALM COURT, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REILLY, KEVIN 1 FITZGERALD LN. PALM COURT, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALE, TAMI 28 COLERIDGE CT PALM COURT, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, KATHLEEN 83 CHESTNUT HILL RD COLCHESTER, CT 06416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JAMES 7 ISLAND ESTATES PKWY PALM COAST, FL 32137

000000460251
03/20/06-00002-018 150.00

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IN THIS SPACE**

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: Kevin Kale Secretary 3/2/06 (904) 733-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #