2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000120733

1. Entity Name
EJ MCCALLUM, INC.

Principal Place of Business	Mailing Address
7 ISLAND ESTATES PKWY PALM COAST, FL 32137	7 ISLAND ESTATES PKWY PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3754864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALE, KEVIN
29 COLERIDGE COURT
PALM COAST, FL 32137

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREENE, ELIZABETH
STREET ADDRESS	7 ISLAND ESTATES PKWY
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S
NAME	KALE, KEVIN
STREET ADDRESS	29 COLERIDGE COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	DT
NAME	REILLY, KEVIN
STREET ADDRESS	2 CUTE COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	KALE, TAMI
STREET ADDRESS	29 COLERIDGE CT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	REILLY, KATHLEEN
STREET ADDRESS	83 CHESTNUT HILL RD
CITY-ST-ZIP	COLCHESTER, CT 06415
TITLE	D
NAME	GREENE, JAMES
STREET ADDRESS	7 ISLAND ESTATES PKWY
CITY-ST-ZIP	PALM COAST, FL 32137

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02/14/08-80085-008 150.00

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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: Elizabeth Greene - Pres. 1-31-08 3864475380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #