


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**


04-12-2004 90248 044 \*\*\*150.00

<b>DOCUMENT # P02000024451</b> 1. Entity Name <b>CALLYSTA, INC.</b>	
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Principal Place of Business <b>14151 US HWY ONE JUNO BEACH, FL 33408</b>	Mailing Address <b>14151 US HWY ONE JUNO BEACH, FL 33408</b>
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**DO NOT WRITE IN THIS SPACE**

**54030607**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0556634</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PARSONS, CAROL  
14151 US HWY ONE  
NORTH PALM BEACH, FL 33408**

**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, the registered agent.

SIGNATURE  DATE **3/9/04**

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

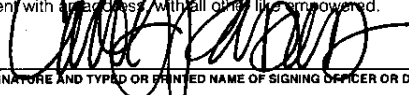
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PARSONS, CAROL J 14151 US HWY ONE JUNO BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP ESTES, CATHERINE A 14151 US HWY ONE JUNO BEACH, FL 33408</del> <b>Resigned</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE:  **Carol J. Parsons** Date **3/25/04** Daytime Phone # **561 7760996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR