

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000047821

1. Entity Name
CAL INVESTMENTS, INC.



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

01-12-2004 90025 020 ***158.75

Principal Place of Business
4633 SWILCAN BRIDGE LN S
JACKSONVILLE, FL 32224

Mailing Address
P.O. BOX 3475
PONTE VEDRA BEACH, FL 32004-3475



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0692368

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
ONE INDEPENDENT DR STE 2000
JACKSONVILLE, FL 32202

Name STONEBURNER, GRESHAM R

Street Address (P.O. Box Number is Not Acceptable)

841 PRUDENTIAL DRIVE, SUITE 1400

City JACKSONVILLE FL Zip Code 32207

6. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAKE, CARNELL
STREET ADDRESS P.O. BOX 3475
CITY-ST-ZIP PONTE VEDRA BEACH, FL 320043475

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARNELL A. LAKE 1/8/04 9046142972
Date Daytime Phone #