


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90091 010 \*\*\*150.00

<b>DOCUMENT # P02000069853</b>	
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1. Entity Name  
**CAL & ED SERVICES INC.**

Principal Place of Business <b>9324 STAR GATE WAY TALLAHASSEE, FL 32309</b>	Mailing Address <b>9324 STAR GATE WAY TALLAHASSEE, FL 32309</b>
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01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>9324 Star Gate way</b> Suite, Apt. #, etc.	3. Mailing Address <b>9324 Star Gate way</b> Suite, Apt. #, etc.
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City & State <b>Tallahassee, Fla</b>	City & State <b>Tall, Fl</b>
Zip <b>32309</b>	Country <b>Leon</b>
Zip <b>32309</b>	Country <b>Leon</b>

4. FEI Number <b>APPLIED FOR 50-0003848</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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  
**HILL-RESHARD, CALLIE  
9324 STAR GATE WAY  
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is not Acceptable)  
City  
**FL** Zip Code

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HILL-RESHARD, CALLIE 9324 STAR GATE WAY TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO HILL-RESHARD, CALLIE 9324 STAR GATE WAY TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HILL-RESHARD, EDDIE L 9324 STAR GATE WAY TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Callie Hill-Reshard Date: March 1, 05 Daytime Phone #: 893-219-1