

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2004 90011 016 \*\*\*150.00

<b>DOCUMENT # P02000079037</b>					
<b>1. Entity Name</b> <b>CALLMINER, INC.</b>					
<b>Principal Place of Business</b> <b>2048 SE 27TH TERRACE</b> <b>CAPE CORAL, FL 33904</b>			<b>Mailing Address</b> <b>2048 SE 27TH TERRACE</b> <b>CAPE CORAL, FL 33904</b>		
<b>2. Principal Place of Business</b> <b>210 S. Del Prado Blvd.</b>		<b>3. Mailing Address</b> <b>210 S. Del Prado Blvd</b>			
Suite, Apt. #, etc. <b>Suite #6</b>		Suite, Apt. #, etc. <b>Suite #6</b>		03052004    Chg-P    CR2E034 (10/03)	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>		<b>4. FEI Number</b> <b>32-0026627</b>	
Zip <b>33990</b>		Country <b>Lee</b>		Applied For Not Applicable	
Zip <b>33990</b>		Country <b>Lee</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GALLINO, JEFF</b> <b>2048 SE 27TH TERRACE</b> <b>CAPE CORAL, FL 33904</b>			<b>7. Name and Address of New Registered Agent</b>		
Name <b>Jeff Gallino</b>			Street Address (P.O. Box Number is Not Acceptable) <b>210 S. Del Prado Blvd</b>		
Suite, Apt. #, etc. <b>Suite #6</b>			City <b>Cape Coral</b>		
State <b>FL</b>			Zip Code <b>33990</b>		
<b>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.</b>					
SIGNATURE:		<b>Jeff Gallino</b>		<b>3/10/04</b>	
<small>Signature and printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S,T</b> <b>BROWN, KIM C</b> <b>6802 GRIFFIN BLVD</b> <b>FT. MYERS, FL 33908</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>P,D</b> <b>GALLINO, JEFFREY A</b> <b>2048 SE 27TH TERRACE</b> <b>CAPE CORAL, FL 33904</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>V,D</b> <b>LACOURSIERE, CLIFFORD A</b> <b>4 RESERVIOR DR.</b> <b>SOUTHBOROUGH, MA 01772</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>V</b> <b>SIMMONS, DOC W</b> <b>1919 21ST TERRACE</b> <b>CAPE CORAL, FL 33990</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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:		<b>3/10/04</b>		<b>239-573-9670</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	