

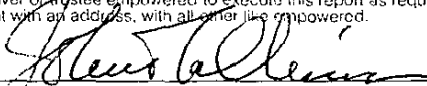


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90041 036 \*\*\*150.00

DOCUMENT # P02000135349					
1. Entity Name <b>JOHN T. CALKINS ENTERPRISES, INC.</b>					
Principal Place of Business <b>2011 GULF SHORE BLVD NORTH #43 NAPLES, FL 34102</b>			Mailing Address <b>2011 GULF SHORE BLVD NORTH #43 NAPLES, FL 34102</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01232004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>03-0672975</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>NICI, JAMES R</b> <b>2001 TAMiami TRAIL NORTH SUITE 400</b> <b>NAPLES, FL 34103</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1185 Immokalee Road, Suite #110</b> City <b>Naples</b> FL    Zip Code <b>34110</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			
10. OFFICERS AND DIRECTORS					
TITLE D	<input type="checkbox"/> Delete <b>CALKINS, JOHN T</b> <b>2011 GULF SHORE BLVD NORTH #43</b> <b>NAPLES, FL 34102</b>				
TITLE D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sharon Calkins-Hubley</b> <b>5420 13th Place NW</b> <b>Washington, DC 20015</b>				
TITLE D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Peter A. Hubley</b> <b>5420 13th Place NW</b> <b>Washington, DC 20015</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<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 duly empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>John T. Calkins, Pres.</b>					
Date <b>30 Jan 04</b> Time Phone # <b>239.263.4572</b>					