

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026542

1. Entity Name
CALVERT SERVICES, INC.



Principal Place of Business
6794 N W 49TH COURT
OCALA, FL 34482

Mailing Address
6794 N W 49TH COURT
OCALA, FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

10272004 REIN-P CR2E098 (6/04)

4. FEI Number
31-0487145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALVERT, WILLIAM J
6794 N W 49TH COURT
OCALA, FL 34482

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, 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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT, WILLIAM J		
STREET ADDRESS	6794 N W 49TH COURT		
CITY-ST-ZIP	OCALA, FL 34482		
TITLE	CP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT, WILLIAM J		
STREET ADDRESS	6794 N W 49TH COURT		
CITY-ST-ZIP	OCALA, FL 34482		
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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11/16/04--01071--001 **150.00

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

11/3/04 3523687628
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA