
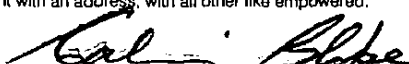


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90110 007 \*\*\*150.00

<b>DOCUMENT # P03000044264</b>					
<b>1. Entity Name</b> CAL CLAIR, INC.					
<b>Principal Place of Business</b> 1318 W. LAND AVENUE TAVARES, FL 32778			<b>Mailing Address</b> 1318 W. LAND AVENUE TAVARES, FL 32778		
<b>2. Principal Place of Business</b> 3698 BREEZE WAY		<b>3. Mailing Address</b> P.O. Box 1408			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE WALES, FL		<b>City &amp; State</b> LAKE WALES, FL		<b>4. FEI Number</b> 47-0918039	
<b>Zip</b> 33898		<b>Country</b> POLK		<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> MUELLER, PATRICIA R 3900 LAKE CCENTER DRIVE SUITE A-5 MOUNT DORA, FL 32757		<b>7. Name and Address of New Registered Agent</b>			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code			
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>TITLE</b> PD	<b>NAME</b> BLAKE, CALVIN C <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 1318 W. LAND AVENUE	<b>CITY-ST-ZIP</b> TAVARES, FL 32778				
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> P.O. Box 1408 <input type="checkbox"/> Delete				
<b>CITY-ST-ZIP</b> LAKE WALES, FL 33859-1408					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
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<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b>					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> P.O. Box 1408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> LAKE WALES, FL 33859-1408					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> 				
<b>CITY-ST-ZIP</b>					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> 		<b>03-13-06</b> <b>863-696-1666</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

50002720



02212006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
47-0918039

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MUELLER, PATRICIA R  
3900 LAKE CCENTER DRIVE  
SUITE A-5  
MOUNT DORA, FL 32757

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	BLAKE, CALVIN C	
<b>STREET ADDRESS</b>	1318 W. LAND AVENUE	
<b>CITY-ST-ZIP</b>	TAVARES, FL 32778	
<b>TITLE</b>	NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	P.O. Box 1408	
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33859-1408	
<b>TITLE</b>	NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b>	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	P.O. Box 1408	
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33859-1408	
<b>TITLE</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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**SIGNATURE:**  **03-13-06** **863-696-1666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #