

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -4 AM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000057472			
1. Entity Name CALLIE & CO, INC.			
Principal Place of Business 220 ANN CIRCLE #4 DESTIN, FL 32541		Mailing Address 220 ANN CIRCLE #4 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0785667		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		08282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BARKER, CALLIE 220 ANN CIRCLE #4 DESTIN, FL 32541		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
Amended AR is \$81.25		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	D BARKER, CALLIE 220 ANN CIRCLE #4 DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) - Secretary MARY CATHERINE DARNELL 554 CORAL COURT, APT 703 FT. WALTER BEACH, FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109183268 09/07/07--01012--011 ***61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE: 		8-28-08 850-269-0603	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Describing Phone #	

9/5
ad