

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90281 025 ***150.00

DOCUMENT # P03000059407 1. Entity Name CALNEK ENTERPRISES INC.			
Principal Place of Business 8746 MIRAMAR BLVD. MIRAMAR, FL 33025		Mailing Address 8746 MIRAMAR BLVD. MIRAMAR, FL 33025	
2. Principal Place of Business 923 Hutchins St. SE		3. Mailing Address 923 Hutchins St. SE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Bay, FL		City & State Palm Bay, FL	
Zip 32909		Zip 32909	
Country 		Country 	
4. FEI Number 54-2119869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALNEK, SHERMAN A 8746 MIRAMAR BLVD. MIRAMAR, FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 923 Hutchins St. SE City Palm Bay FL Zip Code 32909	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCEO CALNEK, SHERMAN A 8746 MIRAMAR BLVD. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALNEK, SHERMAN A 8746 MIRAMAR BLVD. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EDWARDS, SOPHIA A 8746 MIRAMAR BLVD. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 like empowered.			
SIGNATURE:		SIGNED: SOPHIA A. EDWARDS / 1/31/05 723-4921 (321)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	