

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000105897

Entity Name: CALENDARS, INC.

FILED
Dec 08, 2004
Secretary of State

Current Principal Place of Business:

315 WEST FORSYTH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207

Current Mailing Address:

315 WEST FORSYTH STREET
JACKSONVILLE, FL 32202

New Mailing Address:

841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207

FEI Number: 43-2029787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, LISA A
315 WEST FORSYTH STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

GLENN, LISA A
841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: LISA GLENN

12/08/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSGARD, PETE
Address: 315 WEST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: GLENN, LISA A
Address: 315 WEST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: GILLIAM, JON
Address: 315 WEST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSGARD, PETE
Address: 841 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Change () Addition
Name: GLENN, LISA A
Address: 841 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change () Addition
Name: GILLIAM, JON
Address: 841 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GLENN

S

12/08/2004

Electronic Signature of Signing Officer or Director

Date