

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90203 036 \*\*\*150.00

**DOCUMENT # P03000145943**

1. Entity Name

**CALCORP INC.**



Principal Place of Business

**5012 MISTY CANAL PLACE  
BRADENTON FL 34203**

Mailing Address

**5012 MISTY CANAL PLACE  
BRADENTON FL 34203**

2. Principal Place of Business

**6612 GRAND POINT AVE**

3. Mailing Address

**6612 GRAND POINT AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

**UNIVERSITY PARK, FL**

City & State

**UNIVERSITY PARK, FL**

4. FEI Number

**20-0484845**

Applied For

Not Applicable

Zip

**34201**

Country

**MANATEE**

Zip

**34201**

Country

**MANATEE**

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

**CALAMAS, NICHOLAS J  
5012 MISTY CANAL PLACE  
BRADENTON FL 34203**

Name **NICHOLAS J. CALAMAS**

Street Address (P.O. Box Number is Not Acceptable)

**6612 GRAND POINT AVE**

City

**UNIVERSITY PARK**

**FL**

Zip Code

**34201**

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

*Nicholas Calamas*

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 May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 **PRESIDENT, SLY/TREASURER** ☐ Delete  
NAME **NICHOLAS J. CALAMAS**  
STREET ADDRESS **6612 GRAND POINT AVE.**  
CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Nicholas Calamas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 26, 2004**

Date

**(941) 360-0055**

Daytime Phone #