

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000145943

1. Entity Name
CALCORP INC.



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

04-29-2004 90203 036 ***150.00

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.

City & State
UNIVERSITY PARK, FL

Zip
34201

Country
MANATEE

City & State
UNIVERSITY PARK, FL

Zip
34201

Country
MANATEE

6. Name and Address of Current Registered Agent

CALAMAS, NICHOLAS J
5012 MISTY CANAL PLACE
BRADENTON FL 34203

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 J. 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

TITLE PRESIDENT, SECY / TREASURER Delete
NAME NICHOLAS J. CALAMAS
STREET ADDRESS 6612 GRAND Point AVE.
CITY-ST-ZIP UNIVERSITY PARK FL 34201

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 J. Calamas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2004 (941) 360-0055

Date Daytime Phone #