

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90001 004 \*\*\*150.00

**DOCUMENT # P03000146311**

1. Entity Name  
**CRAIG KALISHEK, INC.**



Principal Place of Business  
**P.O. BOX 319  
STEINHATCHEE, FL 32359 US**

Mailing Address  
**P.O. BOX 319  
STEINHATCHEE, FL 32359 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03192003 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1165615**

Applied For  
☒ Not Applicable

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

**KALISHEK, CRAIG R  
1610 PINETREE RD.  
STEINHATCHEE, FL 32359**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KALISHEK, CRAIG R</b>	
STREET ADDRESS	<b>P.O. BOX 319</b>	
CITY-ST-ZIP	<b>STEINHATCHEE, FL 32359</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete
NAME	<b>KALISHEK, LINDA K</b>	
STREET ADDRESS	<b>P.O. BOX 319</b>	
CITY-ST-ZIP	<b>STEINHATCHEE, FL 32359</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Craig R. Kalishek* **CRAIG R. KALISHEK** **6-24-04** **352-498-0096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #