

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 029 ***150.00

DOCUMENT # P04000010428

1. Entity Name
CALVIN CONSTRUCTION INC.



Principal Place of Business Mailing Address
131 FLORIDA AVENUE 131 FLORIDA AVENUE
FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312

40128422



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

08022007 Chg-P CR2E034 (12/06)

Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 20-0602243 Applied For Not Applicable

Zip Country Zip Country

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

SAPP, CALVIN
131 FLORIDA AVENUE
FT. LAUDERDALE, FL 33312

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

(Signature)
Signature typed or printed in the office of registered agent and date if applicable

(NOTE: Registered Agent signature required when reconstituting)

8/1/2007
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007
(see attached)

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 P ☐ Delete
NAME SAPP, CALVIN
STREET ADDRESS 131 FLORIDA AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

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

TITLE VP ☒ Delete
NAME PETERS, ACEY
STREET ADDRESS 131 FLORIDA AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE VP ☐ Change ☒ Addition
NAME Sapp, Luciana
STREET ADDRESS 131 FLA Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33312

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
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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 exemptions contained in Chapter 119, 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: *(Signature)*

8/1/07

(93A) 298-3403

ATTACHMENT
40128422
#P04000010428



DEPARTMENT OF INTERNAL MEDICINE

2950 Cleveland Clinic Blvd.
Weston, Florida 33331

July 31, 2007

TO WHOM IT MAY CONCERN:

This is to certify that Calvin Sapp has been under my care for recent illness and was unable to work from 12/1/2006 through 1/1/2007 during his hospitalizations. He has been ill during 2007 and has required multiple physician visit as well as hospitalization.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'PE Morris', written over a circular stamp.

Paige E. Morris, MD

PAIGE E. MORRIS M.D.
CLEVELAND CLINIC FLORIDA
2950 CLEVELAND CLINIC BLVD.
WESTON, FL 33331