

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90046 005 ***150.00



DOCUMENT # P04000121311

1. Entity Name
 CALVIN KEMP, PA

Principal Place of Business Mailing Address
 PO BOX 2083 P O BOX 2083
 TARPON SPRINGS, FL 34688 US TARPON SPRINGS, FL 34688-2083

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2611 KEYSTONE RD PO BOX 253
 Suite, Apt. #, etc. STE B5 Suite, Apt. #, etc.

City & State TARPON SPRINGS FL City & State PORT RICHEY FL

Zip 346887403 Country US Zip 346730253 Country US

07032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1510851 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KEMP, CALVIN
 2300 CURLEW RD
 SUITE 202
 PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
 Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 2611 KEYSTONE RD STE B5
 City TARPON SPRINGS FL Zip Code 346887403

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 *CKP* DATE 7.3.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	D, P KEMP, CALVIN P O BOX 2083 TARPON SPRINGS, FL 346882083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 253 PORT RICHEY FL 346730253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *CKP* DATE 7.3.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #