## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000171111

Title:

Name:

Address:

City-St-Zip:

(X) Delete

ROBERTS, DANA

622 LAKE JUNE ROAD

LAKE PLACID, FL 33852

FILED May 01, 2006 Secretary of State

			<b>,</b>	
Entity Nam	ne: CALVARY CONTRACTING COMPANY, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	METTO AVE E, FL 33841			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	ICE BOX 863 E, FL 33841			
FEI Number:	20-2074414 FEI Number Applied For ( ) FEI N	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
ROBERTS, DANA 622 LAKE JUNE RD. LAKE PLACID, FL 33852 US		FISHER, HERMAN 526 N. OAK AVENUE FT. MEADE, FL 33841		
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing its registered	office or registered agent, or both,	
SIGNATURE: HERMAN FISHER			05/01/2006	
	Electronic Signature of Registered Agent		Date	
	e with s. 607.193(2)(b), F.S., the corporation did not receiv paign Financing Trust Fund Contribution ( ).	e the prior notice.		
OFFICERS AND DIRECTORS:		${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	P () Delete FISHER, HERMAN 526 NORTH OAK AVENUE FT. MEADE, FL 33841	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPTD () Delete ROBERTS, MATT 622 LAKE JUNE RD. LAKE PLACID, FL 33852	Title: VPT ( Name: ROBERTS, N Address: 622 LAKE JU City-St-Zip: LAKE PLACI	NE RD.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HERMAN FISHER P 05/01/2006

() Change () Addition