

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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|---|---|
| DOCUMENT # P05000021607 1. Entity Name CALLIS ELECTRICAL SERVICE, INC |  |
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| Principal Place of Business 5642 HEREFORD DR NEW PORT RICHEY, FL 34655 | Mailing Address 5642 HEREFORD DR NEW PORT RICHEY, FL 34655 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent CALLIS, CHARLES G 5642 HEREFORD DR NEW PORT RICHEY, FL 34655 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CALLIS, CHARLES G 5642 HEREFORD DR NEW PORT RICHEY, FL 34655 |
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06/15/07--01038--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Charles G. Callis President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 JUN -6 PM 3:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



06052007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 32-0147460 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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