

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90088 003 \*\*\*150.00

<b>DOCUMENT # P05000125297</b>					
<b>1. Entity Name</b> JERRY CALVIN, P.A.					
<b>Principal Place of Business</b> 4020 GRANDE VISTA BLVD., #102 ST. AUGUSTINE, FL 32084			<b>Mailing Address</b> 4020 GRANDE VISTA BLVD., #102 ST. AUGUSTINE, FL 32084		
<b>2. Principal Place of Business</b> 953 S. FOREST CREEK DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 953 S. FOREST CREEK DR Suite, Apt. #, etc.			
<b>City &amp; State</b> ST. AUGUSTINE, FL 32092 Zip: 32092 Country: USA		<b>City &amp; State</b> ST. AUGUSTINE, FL Zip: 32092 Country: USA		03072006 Chg-P CR2E034 (11/05)	
<b>4. FEI Number</b> 20-3481281				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CALVIN, JERRY 4020 GRANDE VISTA BLVD., #102 ST. AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name: _____ Mailing Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____		
<b>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.</b> SIGNATURE:  DATE: 3/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PD NAME: CALVIN, JERRY STREET ADDRESS: 4020 GRANDE VISTA BLVD., #102 CITY-ST-ZIP: ST. AUGUSTINE, FL 32084 32092	<input checked="" type="checkbox"/> Delete		TITLE: PD NAME: CALVIN, JERRY STREET ADDRESS: 953 S. FOREST CREEK DR CITY-ST-ZIP: ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: CALVIN, GAIL STREET ADDRESS: 4020 GRANDE VISTA BLVD., #102 CITY-ST-ZIP: ST. AUGUSTINE, FL 32084 32092	<input checked="" type="checkbox"/> Delete		TITLE: STD NAME: CALVIN, GAIL STREET ADDRESS: 953 S. FOREST CREEK DR. CITY-ST-ZIP: ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
<h1 style="font-size: 40px; margin: 0;">COPY</h1>					
<b>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.</b>					
<b>SIGNATURE:</b> <b>JERRY CALVIN President</b> Date: 3/21/06 Daytime Phone #: 9045402437					