

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90070 039 ***150.00

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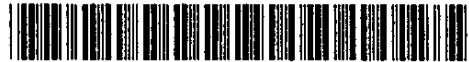
1. Entity Name
CALJOR, INC.



40013436

Principal Place of Business
**59 BRUNSWICK LANE, #B
PALM COAST, FL 32137**

Mailing Address
**59 BRUNSWICK LANE, #B
PALM COAST, FL 32137**



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

3. Mailing Address
P.O. Box 352411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State

City & State
PALM COAST, FL

4. FEI Number
74-3174460

Applied For
Not Applicable

Zip

Country

Zip

Country

32135

USA

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

**KNIGHT, JERRY C.
4721 E. MOODY BLVD., BLDG.5, STE.505 & 506
BUNNELL, FL 32110**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CALCETTO, PATRICIA I.
59 BRUNSWICK LANE, #B
PALM COAST, FL 32137**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVST
JORGE, GABRIEL
59 BRUNSWICK LANE, #B
PALM COAST, FL 32137**

☐ Delete

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

Calberto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/07

Date

386-871-4957

Daytime Phone #