

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90017 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |         |                                                                                                                        |                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000089555</b><br>1. Entity Name<br><b>CALHOUN EQUIPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |         |                                                                                                                        |                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>501 EAST KENNEDY BOULEVARD<br/>SUITE 1700<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |         | Mailing Address<br><b>501 EAST KENNEDY BOULEVARD<br/>SUITE 1700<br/>TAMPA, FL 33602</b>                                |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |         | 3. Mailing Address                                                                                                     |                                                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |         | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |         | City & State                                                                                                           |                                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            | Country |                                                                                                                        | Zip                                                                                                                                                                                                                                       |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            | Country |                                                                                                                        | 4. FEI Number<br><b>20-5147368</b>                                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |         |                                                                                                                        | Applied For<br>Not Applicable                                                                                                                                                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOPEZ, JOSEPH K<br/>FOWLER WHITE BOGGS BANKER P.A.<br/>501 EAST KENNEDY BOULEVARD, SUITE 1700<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |         |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                            |         |                                                                                                                        |                                                                                                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |         | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D <input type="checkbox"/> Delete<br><b>LOPEZ, JOSEPH K<br/>501 EAST KENNEDY BOULEVARD, SUITE 1700<br/>TAMPA, FL 33602</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D <input type="checkbox"/> Delete<br><b>HINTON, WILLIAM<br/>501 EAST KENNEDY BOULEVARD, SUITE 1700<br/>TAMPA, FL 33602</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                            |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                         |  |
| 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 fees empowered. |                                                                                                                            |         |                                                                                                                        |                                                                                                                                                                                                                                           |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                            |         | Date _____<br><small>Expiring Date: _____</small>                                                                      |                                                                                                                                                                                                                                           |  |

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