

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90193 036 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                               |                                                                                                  |                                                                                                                              |                                     |
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| <b>DOCUMENT # P07000132936</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                               |                                                                                                  |                                             |                                     |
| <b>1. Entity Name</b><br>CHUCK CALLEJA CONSTRUCTION COMPANY INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                               |                                                                                                  |                                                                                                                              |                                     |
| <b>Principal Place of Business</b><br>CHARLES TIMOTHY CALLEJA<br>533 ENCARNACION ST<br>PUNTA GORDA, FL 33983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                               | <b>Mailing Address</b><br>CHARLES TIMOTHY CALLEJA<br>533 ENCARNACION ST<br>PUNTA GORDA, FL 33983 |                                                                                                                              |                                     |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>3. Mailing Address</b>                                                                                                     |                                                                                                  |                                                                                                                              |                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Suite, Apt. #, etc.                                                                                                           |                                                                                                  |                                                                                                                              |                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | City & State                                                                                                                  |                                                                                                  | <b>4. FEI Number</b><br>20-8755329                                                                                           |                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Country                                                                                                                       |                                                                                                  | Applied For<br>Not Applicable                                                                                                |                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Country                                                                                                                       |                                                                                                  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>            |                                     |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CALLEJA, CHARLES T<br>533 ENCARNACION ST<br>PUNTA GORDA, FL 33983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                               |                                                                                                  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                     |
| 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><br><br>SIGNATURE: <u>Charles T. Calleja</u> DATE: <u>4-28-08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renesting)</small>                                                                                                                                                                                    |                                 |                                                                                                                               |                                                                                                  |                                                                                                                              |                                     |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>9. Election Campaign Financing</b><br>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<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 |                                                                                                                               | PRES.<br>CHARLES T. CALLEJA<br>533 ENCARNACION ST<br>PUNTA GORDA FL 33983                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete |                                                                                                                               | V.P.<br>CHARLES J. CALLEJA<br>489 ENCARNACION ST.<br>PUNTA GORDA FL 33983                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete |                                                                                                                               | V.P.<br>GEORGE E. WILKEY<br>379 ENCARNACION ST<br>PUNTA GORDA FL 33983                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete |                                                                                                                               | SEC.<br>SUSAN A CALLEJA<br>533 ENCARNACION ST<br>PUNTA GORDA FL 33983                            | <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                                                            |                                     |
| <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> |                                 |                                                                                                                               |                                                                                                  |                                                                                                                              |                                     |
| SIGNATURE: <u>Charles T. Calleja</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                               | Date: <u>04-28-08</u>                                                                            |                                                                                                                              | Daytime Phone #: <u>941-6285120</u> |