

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90415 049 \*\*\*150.00

**DOCUMENT# P25041**

1. Entity Name

CALIPER, INC. OF VIRGINIA



Principal Place of Business

512 CENTRAL DR  
VIRGINIA BEACH VA 23454  
US

Mailing Address

P O BOX 2574  
VIRGINIA BEACH VA 23450-574  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1255229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, ROBERT Y., JR.	
STREET ADDRESS	932 E. HORSESHOE COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPEAS, HERBERT T., JR.	
STREET ADDRESS	420 WEST GILBERT STREET	
CITY-ST-ZIP	HAMPTON VA 23669	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSARO, CHRIS	
STREET ADDRESS	1305 TAYLORS POINT ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRITT, ROBERT	
STREET ADDRESS	3385 EAGLES NEST POINT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRICE, MICHELE A	
STREET ADDRESS	1305 TAYLORS POINT ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREEN, SHELLEY S	
STREET ADDRESS	932 E HORSESHOE COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSARO, Michele A
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*(Signature)*

Robert Y. Green, Jr. 4/11/06 757-463-1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #