

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P93000056712

1. Entity Name  
CALTAM, INC.



Principal Place of Business  
28834 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 33543

Mailing Address  
28834 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 33543

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 001 \*\*\*150.00

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03072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3198421

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JURGENSMEIER, GEORGE A  
28834 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 33543

**DO NOT WRITE  
IN THIS SPACE**

1. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JURGENSMEIER, GEORGE A
STREET ADDRESS	28834 FALLING LEAVES WAY
CITY- ST- ZIP	WESLEY CHAPEL, FL 33543
TITLE	DST
NAME	JURGENSMEIER, EDNA G
STREET ADDRESS	28834 FALLING LEAVES WAY
CITY- ST- ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. Jurgensmeier  
President