2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State
05-17-2007 90033 003 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P94000051018

1. Entity Name
CALISA OF DUNEDIN, INC.

Principal Place of Business	Mailing Address
1120 OVERCASH DRIVE DUNEDIN FL 34698	1120 OVERCASH DRIVE DUNEDIN FL 34698

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1871 County Rd 753 South	1871 COUNTY RD 753 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Webster FL	City & State: Webster FL
Zip: 33597 Country: USA	Zip: 33597 Country: USA

4. FEI Number 59-3262469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, COLEMAN C
1871 COUNTY RD 753 SOUTH
WEBSTER FL 33597

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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDERS, COLEMAN C III 1871 COUNTY RD 753 SOUTH WEBSTER FL 33597	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SANDERS, LISA S 1871 COUNTY RD 753 SOUTH WEBSTER FL 33597	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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: Lisa S Sand 6/1/07 352-243-6077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #