

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046770

Entity Name: CALVIN-LEE, INC.

FILED  
Apr 07, 2005  
Secretary of State

## Current Principal Place of Business:

1889 4TH STREET S  
NAPLES, FL 34102 US

## New Principal Place of Business:

505 WHISPERING PINE LANE  
NAPLES, FL 34103 US

## Current Mailing Address:

1889 4TH STREET S  
NAPLES, FL 34102 US

## New Mailing Address:

PO BOX 2009  
NAPLES, FL 34106 US

FEI Number: 65-0591583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARPENTER, DERINDA W  
1889 4TH STREET S  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

CARPENTER, DERINDA W  
505 WHISPERING PINE LANE  
NAPLES, FL 34103 US

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.

SIGNATURE: DERINDA W. CARPENTER

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARPENTER, DAVID C  
Address: 1889 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete  
Name: CARPENTER, DERINDA W  
Address: 1889 4TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARPENTER, DAVID C  
Address: 505 WHISPERING PINE LANE  
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change ( ) Addition  
Name: CARPENTER, DERINDA W  
Address: 505 WHISPERING PINE LANE  
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERINDA W. CARPENTER

VP

04/07/2005

Electronic Signature of Signing Officer or Director

Date