

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P95000046770**

1. Entity Name  
**CALVIN-LEE, INC.**



Principal Place of Business  
**505 WHISPERING PINE LANE  
NAPLES, FL 34103 US**

Mailing Address  
**PO BOX 2009  
NAPLES, FL 34106 US**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0591583**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 must be a resident of the State of Florida)

(date)

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**

**1100000415785  
02/11/06-80095-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CARPENTER, DAVID C
STREET ADDRESS	505 WHISPERING PINE LANE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	CARPENTER, DERINDA W
STREET ADDRESS	505 WHISPERING PINE LANE
CITY-ST-ZIP	NAPLES, FL 34103
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*David C. Carpenter* **David C. Carpenter**

Date

Daytime Phone #