## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

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	MENT # P960000610		ر، سخره	, <b>*</b>	Secretary of St	
1. Entity Name CALO CORPORATION						al <sup>C</sup> i i
1.00 C C	•	·	1			
	ce of Business	Mailing Address	!	1		
_1318 LAFAY	ETTE STREET	1318 LAFAYETTE STREET				-1
CAPE CORAL	;FL 33904 T	CAPE CORAL, FL 33904				
			*			BIT 0916 A1101 11912 B2181 B1101 1121082 11 1291
DO NOT WRITE IN THIS SPAC				02192008	No Chg-P	CR2E034 (11/05)
	CE	4. FEI Numb		- Applied For		
				65-068	32933	Not Applicable
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Ro	egistered Agent				
HILL, THO	DMAS W		DO	NOT W	/DITE	
1318 LAFAYETTE STREET CAPE CORAL, FL 33904				_	. –	
				IN	THIS SI	PACE
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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND D	RECTORS	1			
TITLE NAME	D HILL, THOMAS W					
STREET ADDRESS	1318 LAFAYETTE STREET					J
CITY-ST-ZIP	CAPE CORAL, FL 33904					
TITLE NAME	D LOOS, BERNHARD H				000000 0070700	00835848 3-80051-018 150.00
STREET ADDRESS	1318 LAFAYETTE STREET	·			027 237 08	5-50051-01 <b>6</b> 120.00
City-St-zip	CAPE CORAL, FL 33904					
TITLE NAME						•
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CITY-ST-ZIP			. ,			
TITLE NAME				IN	THIS SI	PACE
STREET ADDRESS			, ,			
CITY-ST-ZIP •	•••					,
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STREET ADDRESS				* .	•	
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"STREET ADDRESS	Manager As the grant over two rates and it is assessed.	. And a vivial sign view .	` .		• •	q
CITY-ST-ZIP			1			·

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver cytrustee 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: \_

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W.Hill

2-19-08

239-549-2444

Daylime Phone 4