

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078836

Entity Name: C.C. CALHOUN, INC.

FILED  
Apr 03, 2012  
Secretary of State

## Current Principal Place of Business:

3750 W LAKE HAMILTON DRIVE  
WINTER HAVEN, FL 33881 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1877  
DUNDEE, FL 33838

## New Mailing Address:

FEI Number: 59-3401114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAHOON, LAURENCE M  
3750 WEST LAKE HAMILTON DRIVE  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P/D  
Name: CARNES, CHARLES M  
Address: 3750 WEST LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP/D  
Name: CARNES, GARY W  
Address: 3750 WEST LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP/D  
Name: CAHOON, LAURENCE M  
Address: 3750 WEST LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: T/S  
Name: WHITMAN, BEVERLY S  
Address: 3750 WEST LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP/D  
Name: WHITMAN, BEVERLY S  
Address: 3750 WEST LAKE HAMILTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE M. CAHOON

VP/D

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date