


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90155 010 ***150.00

DOCUMENT # P96000094691 1. Entity Name CALOOSA HOMES, INC.					
Principal Place of Business 6385 PRESIDENTIAL CT STE 108-B FT MYERS, FL 33919 US			Mailing Address 5326 BAYVIEW CT CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box # 5326 BAYVIEW CT		3. Mailing Address Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State		4. FEI Number 65-0709875	
Zip 33904		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLOAN, CHARLES 5326 BAYVIEW CT CAPE CORAL, FL 33904				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAILE, GEORGE 5218 STRAFORD CT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MAILE, ANNA 5218 STRAFORD CT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
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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: <u><i>[Signature]</i></u> Date <u>4/29/08</u> Daytime Phone # _____		