

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003912

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE CALYX CORPORATION

Current Principal Place of Business:

2104 W KYRA DR
TAMPA, FL 33612

New Principal Place of Business:

2104 W KYRA DR
TAMPA, FL 33612 US

Current Mailing Address:

2104 W KYRA DR
TAMPA, FL 33612

New Mailing Address:

2104 W KYRA DR
TAMPA, FL 33612 US

FEI Number: 59-3425516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, DEBORAH
2104 W KYRA DR
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: STARFORD, LILAN B
Address: 5211 JOSEPH CLOSE
City-St-Zip: PLANT CITY, FL 335653174

Title: VP () Delete
Name: SCHATZEL, ROGER PAUL
Address: 2104 W KYRA DR
City-St-Zip: TAMPA, FL 33612

Title: P () Delete
Name: FARMER, DEBORAH
Address: 2104 W KYRA DR
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: STARFORD, LILAN B
Address: 5211 JOSEPH CLOSE
City-St-Zip: PLANT CITY, FL 335653174 US

Title: VP (X) Change () Addition
Name: SCHATZEL, ROGER PAUL
Address: 2104 W KYRA DR
City-St-Zip: TAMPA, FL 33612 US

Title: P (X) Change () Addition
Name: FARMER, DEBORAH
Address: 2104 W KYRA DR
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LILAN B. STARFORD

ST

01/22/2009

Electronic Signature of Signing Officer or Director

Date