

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 003 ***158.75

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DOCUMENT # P97000044078					
1. Entity Name CALEB'S PLACE, INC.					
Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE, FL 32159 US			Mailing Address 108 S OLD DIXIE HWY LADY LAKE, FL 32159 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3451839	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEINMETZ, LEO P 108 S OLD DIXIE HWY LADY LAKE, FL 32159			Name Nancy P. Steinmetz		
			Street Address (P.O. Box Number is Not Acceptable) 108 S. Old Dixie Highway		
			City Lady Lake FL		
			Zip Code 32159		
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: <u>Nancy P. Steinmetz</u> , <u>Nancy P. Steinmetz</u> <u>4-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, LEO P		NAME	Nancy P. Steinmetz	
STREET ADDRESS	108 S. OLD DIXIE HIGHWAY		STREET ADDRESS	108 S. Old Dixie Hwy	
CITY - ST - ZIP	LADY LAKE, FL 32159		CITY - ST - ZIP	Lady Lake, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINMETZ, NANCY P		NAME	Neil J. Steinmetz	
STREET ADDRESS	108 S. OLD DIXIE HIGHWAY		STREET ADDRESS	108 S. Old Dixie Hwy	
CITY - ST - ZIP	LADY LAKE, FL 32159		CITY - ST - ZIP	Lady Lake, FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Susan O'Brien	
STREET ADDRESS			STREET ADDRESS	108 S. Old Dixie Hwy	
CITY - ST - ZIP			CITY - ST - ZIP	Lady Lake, FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Stephen A. Steinmetz	
STREET ADDRESS			STREET ADDRESS	108 S. Old Dixie Hwy	
CITY - ST - ZIP			CITY - ST - ZIP	Lady Lake, FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Nancy P. Steinmetz</u> <u>4-23-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>352-753-9009</u> <small>Date Daytime Phone #</small>		