2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000108773

Entity Name: CALVERT'S, INC.

FILED Nov 03, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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11990 SR 24

CEDAR KEY, FL 32625

Current Mailing Address: New Mailing Address:

P.O. BOX 646 CEDAR KEY, FL 32625

FEI Number: 59-3494597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALVERT, NENA DAY 11990 ST. RD.24 CEDAR KEY, FL 32625

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 ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD () Delete

CALVERT, DOUGLAS G Name: 11990 SR 24

Address: City-St-Zip: CEDAR KEY, FL

Title: PSD () Delete Name: CALVERT, NENA D

11990 SR 24 Address: City-St-Zip: CEDAR KEY, FL

() Delete Title:

WALKER, HEATHER C Name: 11990 SR 24

Address:

City-St-Zip: CEDAR KEY, FL

Title: (X) Delete CAUSEY, KATHRYN F Name:

Address: 12421 SR 24

City-St-Zip: CEDAR KEY, FL 32625

Title: (X) Change () Addition

CALVERT, DOUGLAS J Name: 11990 SR 24 Address:

City-St-Zip: CEDAR KEY, FL 32625 US

Title: PSD (X) Change () Addition

CALVERT, NENA D Name: 11990 SR 24 Address:

CEDAR KEY, FL 32625 US City-St-Zip:

Title: (X) Change () Addition

Name: CALVERT, HEATHER S

11990 SR 24 Address:

City-St-Zip: CEDAR KEY, FL 32625 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NENA DAY CALVERT **PSD** 11/03/2004