2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT #	‡ P980	00027	'900
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1. Entity Name

CALAMAR DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

2817 NE 3RD ST OCALA, FL 34470 2817 NE 3RD ST OCALA, FL 34470



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3501529

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, LAURA V 2817 NE 3RD ST OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
9 At 1									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRECT	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, JUAN C 2817 NE 3RD ST OCALA. FL 34470	,							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, LAURA V 2817 NE 3RD ST OCALA, FL 34470				00000080506 02/05/08-80094	7 -015 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, MARCO A 2817 NE 3RD ST OCALA, FL 34470			DO	NOT WRIT	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	=			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
THTLE	•		1.						
NAME CTREET ANDREES	-	•			*				
STREET ADDRESS CITY-ST-ZIP									
12. I nereby o	pertify that the information supplied with this fill	ng does not qualify for th	ne exemptions cor	ntained in Chapter 119	Florida Statutes. I further cer	rtify that the information			

12. Inereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, 1 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: & Llum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2008

352-629-8060

Date

Daytime Phone #