

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 030 \*\*\*158.75

<b>DOCUMENT # P98000049297</b>					
<b>1. Entity Name</b> CALLAGY TIRE & SERVICE, CORPORATION					
<b>Principal Place of Business</b> 301 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931			<b>Mailing Address</b> 301 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3523545	
Zip		Country		Zip	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FAIRCHILD, BUDDY A 319 WASHINGTON AVE CAPE CANAVERAL, FL 32920			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b> SIGNATURE: <i>Buddy A Fairchild</i> P <span style="float: right;">4-20-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> CALLAGY, EUGENE M <input checked="" type="checkbox"/> Delete 633 BROCKTON WAY WEST MELBOURNE, FL 32904				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> FAIRCHILD, BUDDY A <input type="checkbox"/> Delete 319 WASHINGTON AVE CAPE CANAVERAL, FL 32920				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FAIRCHILD, BUDDY A 319 WASHINGTON AVE CAPE CANAVERAL, FL 32920				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Buddy A Fairchild</i> <b>Buddy A Fairchild</b> <span style="float: right;">4-20-05 321-783-7878</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20042421



01062005 Chg-P CR2E034 (10/03)