


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 048 ***150.00

DOCUMENT # P98000100989			
1. Entity Name RICK CALLUM INSURANCE, INC.			
Principal Place of Business 2005 SW COLLEGE ROAD OCALA, FL 34474		Mailing Address 2005 SW COLLEGE ROAD OCALA, FL 34474	
** new address **			
2. Principal Place of Business 3306 SW 26 Avenue Building 400		3. Mailing Address 3306 SW 26 Avenue Building 400	
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State	
Zip 33474	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CALLUM, RICK 2005 SW COLLEGER RD. OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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 NAME STREET ADDRESS CITY - ST - ZIP	P CALLUM, RICHARD L 8929 SE 19 AVE RD OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/14/05	Daytime Phone #: 352 873 9899

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01062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3545914 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required