

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90069 034 \*\*\*150.00

**DOCUMENT # P98000104223**



1. Entity Name

**CHARLES CALHOUN PAINTING & DRYWALL, INC.**

Principal Place of Business

**1311 EXECUTIVE CENTER DR.  
#103  
TALLAHASSEE FL 32301**

Mailing Address

**1311 EXECUTIVE CENTER DR.  
#103  
TALLAHASSEE FL 32301**



2. Principal Place of Business

**5061 Tillie Lane**

3. Mailing Address

**5061 Tillie Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Tallahassee, Fl. 32305**

City & State

**Tallahassee, Fl. 32305**

4. FEI Number

**59-3551303**

Applied For

Not Applicable

Zip  
**32305**

Country  
**USA**

Zip  
**32305**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CALHOUN, MIKE  
5061 TILLIE LANE  
TALLAHASSEE FL 32305**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CALHOUN, MIKE**  
STREET ADDRESS **5061 TILLIE LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **VP** ☐ Delete  
NAME **GOFF, THOMAS**  
STREET ADDRESS **219 MULBERRY CIRCLE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **T** ☐ Delete  
NAME **MONTI, R.J.**  
STREET ADDRESS **743 RED FERN RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ Delete  
NAME **CALHOUN, NANCY L**  
STREET ADDRESS **5061 TILLIE LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **Goff, Thomas**  
STREET ADDRESS **2911 Lewiswood Lane**  
CITY-ST-ZIP **Tallahassee, Fl. 32305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Mike Calhoun* **Mike Calhoun, Owner/President** **February 7, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #