


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P99000101465	
1. Entity Name JOHN CALLAHAN, INC.	

Principal Place of Business 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063	Mailing Address 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0445389		Applied For								
		Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required								
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> NOFIL, JOSEPH K P.A. - 3284 N. STATE RD 7 LAUDERDALE LAKES FL 33319 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		NOFIL, JOSEPH K P.A. - 3284 N. STATE RD 7 LAUDERDALE LAKES FL 33319		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
NOFIL, JOSEPH K P.A. - 3284 N. STATE RD 7 LAUDERDALE LAKES FL 33319		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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PSTD CALLAHAN, JOHN 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000733503 05/09/07-80091-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CALLAHAN, PATRICK 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063 <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
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
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
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

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:  JOHN CALLAHAN PRES.	4/23/07 Date	954-234-1039 Daytime Phone #
--	------------------------	--