## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # S75901 1. Entity Name 04-22-2004 90038 025 \*\*\*158.75 CALCO DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 1801 S. FEDERAL HWY 1801 S. FEDERAL HWY SUITE 236 SUITE 236 **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address 10 SE 1St Suite, Apt. #, etc CR2E034 (11/03) <u>2nd</u> City & State 4. FEI Number Applied For 65-0286180 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNIGHT, JAMES W 1801 S. FEDERAL HWY **SUITE 236 DELRAY BEACH FL 33483** 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. D TITLE D ☐ Delete TITLE Change : Addition NAME KNIGHT, JAMES W. knight James W. NAME 10 SE 1st Ave, 2nd Floor 1801 S. FEDERAL HWY #236 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-7IP CITY-ST-7IP Beach, FL 33444 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED