


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S77264 1. Entity Name CAL-OIL, INC.	
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Principal Place of Business
5507 PITCH PINE DR
ORLANDO, FL 32819 US

Mailing Address
5507 PITCH PINE DR
ORLANDO, FL 32819 US



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0301719	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGWORTH, SALLIE S.
5507 PITCH PINE DR
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000215626
02/05/05-80016-016 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINGSWORTH, SALLIE S. 5507 PITCH PINE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLINGWORTH, CALVIN R 5507 PITCH PINE DR ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sallie S. Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2005 407-445-9395
Date Daytime Phone #