


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J61319</b> 1. Entity Name CALVIN B., INC.	
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Principal Place of Business 4600 46TH AVENUE P.O. BOX 276 CORTEZ, FL 34215	Mailing Address 4600 46TH AVENUE P.O. BOX 276 CORTEZ, FL 34215
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04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0026480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BELL, DOUGLAS  
 8708 50TH AVE.W.  
 BRADENTON, FL 34210

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

000000751616  
 05/18/07-80105-008 2100.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BELL, WALTER T.
STREET ADDRESS	12115-45TH AVE.,W.
CITY - ST - ZIP	CORTEZ, FL
TITLE	V
NAME	BELL, CALVIN E.
STREET ADDRESS	12115-45TH AVE.,W.
CITY - ST - ZIP	CORTEZ, FL
TITLE	ST
NAME	BELL, CARL D.
STREET ADDRESS	8708-50TH AVE., W.
CITY - ST - ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Walter Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 28 2007** 941 754 1249  
Date Daytime Phone #