

1.) CORPORATION NAME:

**CALTON & ASSOCIATES, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1343039**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	3,750
COMB	3,750

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14497 N DALE MABRY HWY SUITE 215

CITY/ST/ZIP: TAMPA, FL 33618

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DWAYNE K CALTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	19317 PIER POINT COURT		
CITY/ST/ZIP/CO:	LUTZ, FL 33558		

NAME:	DEREK J CALTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/VP		
ADDRESS:	22707 LAURELDALE DR		
CITY/ST/ZIP/CO:	LUTZ, FL 33549		

NAME:	GEORGE G HARRINGTON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	13626 DIAMOND HED DRIVE		
CITY/ST/ZIP/CO:	TAMPA, FL 33624		

NAME:	DAVID S COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2908 WINGLEWOOD CIR		
CITY/ST/ZIP/CO:	LUTZ, FL 33558		

NAME:	ROBERT B GREBLUNAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14337 BRONTE CT		
CITY/ST/ZIP/CO:	HUDSON, FL 34667		

NAME:	JOSEPH R HAYDEL JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16139 CARDEN DR		
CITY/ST/ZIP/CO:	ODESSA, FL 33556		

NAME: John S Simmers TITLE: DIRECTOR ADDRESS: 613 Ocean Drive CITY/ST/ZIP/CO: Manhattan Beach, CA 90266	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Keith E Gregg TITLE: DIRECTOR ADDRESS: 3269 Rosewood Lane CITY/ST/ZIP/CO: Escondido , CA 92027	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Randall L Ciccati TITLE: DIRECTOR ADDRESS: 2602 Regal Rd CITY/ST/ZIP/CO: St. Cloud, MN 56302	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DAVID S COLE	DAVID S COLE, VICE PRESIDENT	7/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		