

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213523270

1.) CORPORATION NAME:

**CALTON & ASSOCIATES, INC.**

DUE DATE: **6/30/2013**

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**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**RICHMOND, VA**

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  OFFICER  DIRECTOR  
TITLE: PRESIDENT/CEO  
ADDRESS: 19317 PIER POINT COURT  
CITY/ST/ZIP/CO: LUTZ, FL 33558

NAME: DEREK J CALTON  OFFICER  DIRECTOR  
TITLE: SECRETARY/VP  
ADDRESS: 22707 LAURELDALE DR  
CITY/ST/ZIP/CO: LUTZ, FL 33549

NAME: GEORGE G HARRINGTON JR  OFFICER  DIRECTOR  
TITLE: VP/TREAS  
ADDRESS: 13626 DIAMOND HED DRIVE  
CITY/ST/ZIP/CO: TAMPA, FL 33624

NAME: DAVID S COLE  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 2908 WINGLEWOOD CIR  
CITY/ST/ZIP/CO: LUTZ, FL 33558

NAME: ROBERT B GREBLUNAS  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 14337 BRONTE CT  
CITY/ST/ZIP/CO: HUDSON, FL 34667

NAME: RANDALL L CICCATTI  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 2602 REGAL RD  
CITY/ST/ZIP/CO: ST. CLOUD, MN 56302

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: JOSEPH R HAYDEL JR TITLE: DIRECTOR ADDRESS: 16139 CARDEN DR CITY/ST/ZIP/CO: ODESSA, FL 33556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: SCOTT H SHERWOOD TITLE: DIRECTOR ADDRESS: 686 PALM AVE WEST, BOX 788 CITY/ST/ZIP/CO: GOODLAND, FL 34140	<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	5/16/2013
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.		