

1.) CORPORATION NAME:

CALTON & ASSOCIATES, INC.

DUE DATE: **6/30/2014**

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

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.

<p>NAME: DWAYNE K CALTON TITLE: PRESIDENT ADDRESS: 6715 Woodland Drive CITY/ST/ZIP/CO: Dallas, TX 75225</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DEREK J CALTON TITLE: SECRETARY/VP ADDRESS: 22707 LAURELDALE DR CITY/ST/ZIP/CO: LUTZ, FL 33549</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GEORGE G HARRINGTON JR TITLE: VP/TREAS ADDRESS: 13626 DIAMOND HED DRIVE CITY/ST/ZIP/CO: TAMPA, FL 33624</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID S COLE TITLE: CEO/VP ADDRESS: 2908 WINGLEWOOD CIR CITY/ST/ZIP/CO: LUTZ, FL 33558</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT B GREBLUNAS TITLE: VICE PRESIDENT ADDRESS: 14337 BRONTE CT CITY/ST/ZIP/CO: HUDSON, FL 34667</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RANDALL L CICCATI TITLE: CEO ADDRESS: 700 Dockview Way #1228 CITY/ST/ZIP/CO: Tampa, FL 33602</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH R HAYDEL JR DIRECTOR 829 Carter's Lake Overlook Elijay, GA 30540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT H SHERWOOD DIRECTOR 686 PALM AVE WEST, BOX 788 GOODLAND, FL 34140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN S SIMMERS DIRECTOR 500 Harbour Place Dr #1401 Tampa, FL 33602	<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, CEO/VP	6/20/2014	
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.			