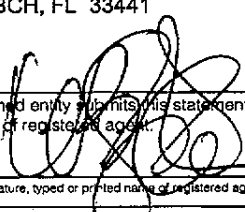
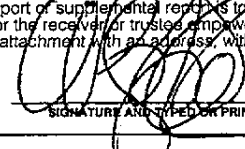


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 179742		
1. Entity Name CAMPBELL PROPERTY MANAGEMENT AND REAL ESTATE, INC.		
Principal Place of Business 1233 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		Mailing Address 1233 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMPBELL, WILLIAM B., III 1215 E HILLSBORO BLVD. DEERFIELD BCH, FL 33441		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  (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE	V	DO NOT WRITE IN THIS SPACE
NAME	CAMPBELL, W.B. JR.	
STREET ADDRESS	1215 E HILLSBORO BLVD.	
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	S	
NAME	LAWSON, BARBARA	
STREET ADDRESS	1215 E HILLSBORO BLVD.	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	V	
NAME	CAMPBELL, WILLIAM B III	
STREET ADDRESS	1215 E HILLSBORO BLVD.	
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	CAMPBELL, BRUCE R	
STREET ADDRESS	1215 E HILLSBORO BLVD.	
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	D	
NAME	TIGHT, ALVIN J III	
STREET ADDRESS	1215 E HILLSBORO BLVD.	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	DEERFIELD BCH, FL	
TITLE	D	
NAME	ROSEMURGY, JAMES M	
STREET ADDRESS	2844 BANYON BLVD CIR NW	
CITY - ST - ZIP	BOCA RATON, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		7/12/04 954-427-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6058179	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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07/15/04-80010-010 300.00