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	Mailing Address
1233 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	1233 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6058179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V
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.
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
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.
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

000001EE4H
07/15/04-80010-010 300.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/12/04 954-427-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #