

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50643

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** CAMBILL ENTERPRISES, INC.

**Current Principal Place of Business:**

3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 65-0087540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SZYMANSKI, CAMILLA W.  
3663 LOWSON BLVD.  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SZYMANSKI, CAMILLA W.  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D  
Name: SZYMANSKI, CAMILLA W.  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD  
Name: SZYMANSKI, WILLIAM J.  
Address: 3663 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAMILLA W. SZYMANSKI

PST

02/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date