2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03321

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90042 041 ***150.00

1. Entity Nam CAMPINO	G WORLD, INC.			
Principal Place of Business THREE SPRINGS RD. P.O. BOX 90018 BOWLING GREEN, KY 42102-9018 Mailing Address THREE SPRINGS RD. P.O. BOX 90018 BOWLING GREEN, KY 42102-9018		2-9018		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 61-0994306 Not Applicable
Zip	Country	Zip Co	ountry	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GILLMAN, MIKE 450 THREE SPRINGS RD BOWLING GREEN, KY 42102		NAME Mar STREET ADDRESS 650	Boggess Three springs Rd Vling breen, KY 42101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOODY, BRANDI 650 THREE SPRINGS RD BOWLING GREEN, KY 42102			nt Moody Three springs Rd Wling Green, KY 42102
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	V KLEIN, PETER 650 THREE SPRINGS RD BOWLING GREEN, KY 42102	· :	STREET ADDRESS 1050	r Klein Three Spring Rd Hingbreen, KY 42102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ADAMS, STEVE 650 THREE SPRINGS RD BOWLING GREEN, KY		TITLE NAME STREET ADDRESS CITY-ST-ZLP STORM	ve Adams Three springs Rd ling bylen, Ky 42102
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE VP NAME KEN STREET ADDRESS CITY-ST-ZIP BOL	Marshall Three Springs Rd Nling breen, KY 42102
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition [
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.				

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #