2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03321

1. Entity Name
CAMPING WORLD, INC.

Principal Place of Business	Mailing Address
THREE SPRINGS RD. P.O. BOX 90018 BOWLING GREEN, KY 42102-9018	THREE SPRINGS RD. P.O. BOX 90018 BOWLING GREEN, KY 42102-9018

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0994306
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BOGGESS, MARK
STREET ADDRESS	650 THREE SPRINGS RD
CITY-ST-ZIP	BOWLING GREEN, KY 42102
TITLE	VP
NAME	MOODY, BRENT
STREET ADDRESS	650 THREE SPRINGS RD
CITY-ST-ZIP	BOWLING GREEN, KY 42102
TITLE	VP
NAME	KLEIN, PETER
STREET ADDRESS	650 THREE SPRINGS RD
CITY-ST-ZIP	BOWLING GREEN, KY 42102
TITLE	DC
NAME	ADAMS, STEVE
STREET ADDRESS	650 THREE SPRINGS RD
CITY-ST-ZIP	BOWLING GREEN, KY 42102
TITLE	VP
NAME	MARSHALL, KEN
STREET ADDRESS	650 THREE SPRINGS RD
CITY-ST-ZIP	BOWLING GREEN, KY 42102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/05-80012-023 150.00

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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: _____ 1/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #