


FILED
Sep 06, 2006 8:00 am
Secretary of State

05-05-2006 90166 039 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062402					
1. Entity Name CAMPBELL'S DIVERSIFIED SERVICES, INC.					
Principal Place of Business 9720 BELVEDERE DRIVE SEFFNER, FL 33584 US			Mailing Address 9720 BELVEDERE DRIVE SEFFNER, FL 33584 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 593590790 <input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05012006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, DORIS W 9720 BELVEDERE DRIVE SEFFNER, FL 33584			Name		
			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, DORIS W	NAME			
STREET ADDRESS	9720 BELVEDERE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPBELL, SHERI D.	NAME			
STREET ADDRESS	821 MARINE DRIVE NO 7	STREET ADDRESS			
CITY-ST-ZIP	GALVESTON, TX 77550	CITY-ST-ZIP			
TITLE	Secy <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Campbell, Lisa D.	NAME			
STREET ADDRESS	4743 Puritan Cir. Tampa, FL	STREET ADDRESS			
CITY-ST-ZIP	33617	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Doris W. Campbell</i>			8/22/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date		

66023810



ATTACHMENT

66023815

*CAMPBELL'S DIVERSIFIED SERVICES
9720 BELVEDERE DRIVE
SEFFNER, FLORIDA 33584 US*

AUGUST 22, 2006

*FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314*

REFERENCE NUMBER: PO4000062402

FIN: 593590790

Dear Sir,

This letter is to explain the facts that occurred that caused the need for your office to send me your letter dated May 25, 2006.

In your letter, you notified me that a Federal ID number was missing from my Uniform Business Report and that I had 30 days to correct the report. At the time your letter was mailed to me, I was working out of the mainland United States at the University of the Virgin Islands, St Thomas, USVI from May 8-June 30, 2006. I was not available at my Florida address to receive the letter and did not receive any mail relating to my corporation until returning to Florida on June 30, 2006. Shortly, thereafter, I was hospitalized for major surgery in July 2006.

My UBR was filed timely and the fee of \$150.00 paid. I am respectfully requesting that you waive the \$400 penalty because I could not respond to your letter within the 30 day period.

I will be returning to the Virgin Islands on August 25, 2006, but will have someone personally check my mail for a response from your office.

Thank you for your consideration of this request.

Sincerely,

Doris W. Campbell

Doris W. Campbell, President
Campbell's Diversified Services, Inc.