

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062402

FILED
Apr 12, 2007
Secretary of State

Entity Name: CAMPBELL'S DIVERSIFIED SERVICES, INC.

Current Principal Place of Business:

9720 BELVEDERE DRIVE
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

9720 BELVEDERE DRIVE
SEFFNER, FL 33584 US

New Mailing Address:

FEI Number: 59-3590790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DORIS W
9720 BELVEDERE DRIVE
SEFFNER, FL 33584 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, DORIS W
Address: 9720 BELVEDERE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: VP () Delete
Name: CAMPBELL, SHERI R
Address: 1007 HWY 917 WEST
City-St-Zip: LATTA, SC 29565 US

Title: S () Delete
Name: CAMPBELL, LISA D
Address: 4743 DURITAN CIR
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CAMPBELL, DORIS W
Address: 9720 BELVEDERE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: VP/D (X) Change () Addition
Name: CAMPBELL, SHERI D
Address: 513 HANOVER DRIVE
City-St-Zip: VILLA RICA, GA 30180 US

Title: S/D (X) Change () Addition
Name: CAMPBELL, LISA D
Address: 4743 PURITAN CIR
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS W. CAMPBELL

P/D

04/12/2007

Electronic Signature of Signing Officer or Director

Date