

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067803

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** CAMPBELL CUSTOM CONSTRUCTION, INC.

**Current Principal Place of Business:**

1238 AUBURN LAKES DRIVE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

5575 SCHENCK AVE  
SUITE #8  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

1238 AUBURN LAKES DRIVE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

5575 SCHENCK AVE  
SUITE #8  
ROCKLEDGE, FL 32955 US

FEI Number: 20-2817125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUVIER, PAUL A  
3210 N. WICKHAM ROAD  
SUITE 5  
MELBOURNE, FL 32935 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: DPS ( ) Delete  
Name: CAMPBELL, ANTHONY  
Address: 1238 AUBURN LAKES DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: DVPT ( ) Delete  
Name: CAMPBELL, LISA  
Address: 1238 AUBURN LAKES DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY CAMPBELL

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04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date