


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90183 001 \*\*\*150.00

**DOCUMENT # P05000096071**

1. Entity Name  
**CAMPOOL, INC.**



Principal Place of Business  
**2354 CORTEZ ROAD  
 JACKSONVILLE, FL 32246**

Mailing Address  
**13170-58 ATLANTIC BLVD  
 PO BOX 120  
 JACKSONVILLE, FL 32225**

**40085257**



2. Principal Place of Business - No P.O. Box #  
**12651 Willow Springs Ct**  
 Suite, Apt. #, etc.  
**Jacksonville - FL**

3. Mailing Address  
**12651 Willow Springs Ct**  
 Suite, Apt. #, etc.  
**Jacksonville - FL**

04242007 Chg-P CR2E034 (12/06)

City & State  
**32246**

City & State  
**32246**

Zip Country Zip Country

4. FEI Number  
**20-3115621**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMPOS, JOSE L**  
**2354 CORTEZ ROAD**  
**JACKSONVILLE, FL 32246**

**12651 Willow Springs Ct**  
**JACKSONVILLE - FL**  
**32246**

**7. Name and Address of New Registered Agent**

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. **(CHANGE ADDRESS ONLY)**

SIGNATURE: *Miriam Campos* **4-25-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPOS, JOSE L 1715 HODGES BLVD #403 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPOS, JOSE L 12651 WILLOW SPRINGS CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPOS, MIRIAM 1715 HODGES BLVD #403 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPOS, MIRIAM 12651 WILLOW SPRINGS CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Miriam Campos* **MIRIAM CAMPOS** **4-25-07** **(904) 803-8672**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #