## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P9900003247  1. Entity Name CAMPBELL HOUSING ENTERPRISES, INC.				Se	cretary of State
65 LEWIS BO	oe of Business DULEVARD NE, FL 32084	Meiling Address 65 LEWIS BOULEVARD ST. AUGUSTINE, FL 32084			ENIA WWANT WARRAW 1914 WANG WANG WANG WANG WANG WANG WANG WANG
DO NOT WRITE IN THIS SPACE			CE	01122005 No Chg-P  4. FE) Number 59-3554628  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801				DO NOT W	
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  Signature, typed or printed name of registered agent and the if applicable. (NOTE, Registered Agent Signature required when reinstating)  DATE					
		9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIF D CAMPBELL, ROY E JR. 65 LEWIS BOULEVARD ST. AUGUSTINE, FL. 32084	ECTORS		Honon	Ookerno.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,		04/27/05-	334558 80048-021 150.00
TITLE NAME STREET ADDRESS CETY-ST-ZIP TITLE		- VIII - 1977 - 1986	···	DO NOT W	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					AUL.

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 affacturing twith an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

INE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/25/05

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