

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 140737 1. Entity Name JOHN CAMPBELL REALTY, INC.	
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Principal Place of Business 812 SE 49TH AVENUE OCALA, FL 34471 US	Mailing Address 812 SE 49TH AVENUE OCALA, FL 34471 US
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04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CAMPBELL, JOHN J 812 SE 49TH AVENUE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JOHN J. 2811 SE 14TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, LINDA T. 2811 SE 14TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/06-80045-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John T. Campbell **John T. Campbell - PD** 04-14-06 352-804-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #