


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 001 \*\*\*150.00

<b>DOCUMENT # 140737</b> 1. Entity Name <b>JOHN CAMPBELL REALTY, INC.</b>					
Principal Place of Business <b>812 SE 49TH AVENUE OCALA, FL 34471 US</b>			Mailing Address <b>812 SE 49TH AVENUE OCALA, FL 34471 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CAMPBELL, JOHN J 812 SE 49TH AVENUE OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JOHN J. 2811 SE 14TH ST. OCALA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Campbell, John J. 812 SE 49th Avenue Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE: <u>Johnnie Jay Campbell</u> Johnnie Jay Campbell-president 07-11-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



DOCUMENT #  
1. Entity Name  
JOHN CAMPBELL REALTY, INC.



Principal Place of Business  
812 SE 48TH AVENUE  
OCALA FL 34471  
US

Mailing Address  
812 SE 49TH AVENUE  
OCALA FL 34471  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
CAMPBELL, JOHN J  
812 SE 49TH AVENUE  
OCALA FL 34471

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00.  
Make Check Payable to Florida Department of State

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	PD CAMPBELL, JOHN J. 2811 SE 14TH ST. OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAMPBELL, LINDA T. 2811 SE 14TH ST. OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000636285 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/17/07-80094-009 150.00
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
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: Johnnie Jay Campbell - Johnnie Jay Campbell, President 04-06-07 352-694-4681  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT  
FILED #140737  
Apr 09, 2007 08:00 AM  
Secretary of State

40110750

1st MOORE CR2E034 (10/06)

ATTACHMENT

40110750

#140737

07-11-2008

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA

DEAR SIR OR MADAM:

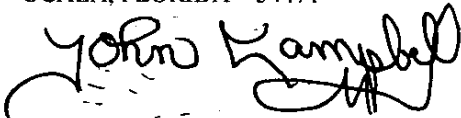
JOHN CAMPBELL REALTY, INC., FOUNDED IN 1941, **DID NOT RECEIVE THE CORPPORATE ANNUNAL REPORT THIS YEAR. TODAY I SENT YOU THE CORPORATE CARD THAT I DID RECEIVE. THE REASON I DID NOT RECEIVE THE REPORT WAS PROBABLY BECAUSE OF AN ADDRESS CHANGE.**

PLEASE NOTE I CHANGED ADDRESS FOR THE CORPORATION IN THE PROPER MANER SEVERAL YEARS AGO AND ONLY OFFER THIS EXPLINATION AS A POSSIBILITY. THE CORPORATION HAS BEEN IN BUSINESS OVER 60 YEARS AND TAKES VERY SERIOUSLY THE RESPONSIBILITIES AND REQUIREMENTS OF THE STATE OF FLORIDA, AND IT'S DIVISION OF CORPORATIONS.

ENCLOSED, PLEASE FIND MY PERSONAL CHECK FOR \$150.00, (ONE-HUNDRED AND FIFTY DOLLARS), ALONG WITH THE CORPORATION'S 2008 ANNUAL REPORT. PLEASE NOTE I HAVE AGAIN CHANGED FROM THE OLD ADDRESS TO THE NEW ADDRESS ON THIS ANNUAL REPORT.

I SINCERELY THANK YOU FOR YOUR TIME AND CONSIDERATION,

JOHN CAMPBELL REALTY, INC.  
812 S.E. 49<sup>th</sup> AVENUE  
OCALA, FLORIDA 34471

A handwritten signature in black ink, appearing to read "John Campbell", with a stylized flourish at the end.

JOHN CAMPBELL, PRESIDENT