

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 22, 2007 08:00 AM  
Secretary of State

DOCUMENT # 159792

1. Entity Name

CAMPBELL MOTORS INC



Principal Place of Business

BOX 20481  
SARASOTA FL 34276-3481

Mailing Address

BOX 20481  
SARASOTA FL 34276-3481



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-0609487

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, RALPH M  
4608 LORDS AVE  
SARASOTA FL 34231

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 reissuing)

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

TITLE PD ☐ Delete  
NAME CAMPBELL, RALPH M  
STREET ADDRESS 4608 LORDS AVE  
CITY - ST - ZIP SARASOTA FL 34231

TITLE D ☐ Delete  
NAME CAMPBELL, OCTAVIA  
STREET ADDRESS 3813 SAN LUIS DR  
CITY - ST - ZIP SARASOTA FL 34135

TITLE SD ☐ Delete  
NAME HAMPTON, THELMA M  
STREET ADDRESS 8139 STERLING FALLS CIRCLE  
CITY - ST - ZIP SARASOTA FL 34243

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000643234  
CITY - ST - ZIP 03/01/07-80079-005 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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 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:

*Ralph M. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH M. CAMPBELL 2-19-07 941-923-6101  
Date Daytime Phone #