2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 278780

1. Entity Name

CAMWIL CORPORATION

Principal Place of Business	Mailing Address
BOX 1368 BOCA GRANDE FL 33921	BOX 1368 BOCA GRANDE FL 33921

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, ALBERT A
2961 SHORT LANE
BOCA GRANDE FL 33921

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] Feb 2, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	WILSON, JAMES B	BOX 1368	BOCA GRANDE FL 33921	☐ Delete
D	WILSON, ALBERT A.	BOX 1368	BOCA GRANDE FL 33921	☐ Delete
STD	WILSON, CAMYLLE D.	BOX 1368	BOCA GRANDE FL 33921	☐ Delete
P	WILSON, ALBERT	BOX 1368	BOCA GRANDE FL 33921	☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	U000000421009 02/16/06-80019-014 150.00			☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add
				☐ Change ☐ Add

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: [signature] ALBERT A. WILSON Feb 2 2006 (941) 964-2501

Date Telephone Number