## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 19, 2007 08:00 AM **DOCUMENT # 278780 Secretary of State** 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 Placo of Business - No P.O Box # 3. Mailing Address Suito, Apl. #, olc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, ALBERT A Street Address (P.O. Box Number is Not Acceptable) 2961 SHORT LANE **BOCA GRANDE FL 33921** City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VN FIFLE. ☐ Delete TITLE ☐ Change Addition WILSON, JAMES B NAME NAME BOX 1368 STREET ADDRESS STREET ADDRESS **BOCA GRANDE FL 33921** CITY-ST-ZIP C(TY - ST-ZIP ☐ Defete Change Addition THE WILSON, ALBERT A. U00000673147 **BOX 1368** STREET ADDRESS STREET ADDRESS 03/29/07-80016-020 150.00 CITY-ST-ZIP **BOCA GRANDE FL 33921** CITY-ST-ZIP THIE Delete IIILE ☐ Change Addition NAMI WILSON, CAMYLLE D. NAME STREET ADDRESS **BOX 1368** SIREET ADDRESS **BOCA GRANDE FL 33921** CITY-ST-ZIP CITY-ST-ZIP HILE Detete IIILE ☐ Change ☐ Addition WILSON, ALBERT NAME. NAME **BOX 1368** STREET ADDRESS STREET ADDRESS **BOCA GRANDE FL 33921** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP mil. Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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 offoct 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

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