

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 278780

FILED  
Apr 01, 2012  
Secretary of State

Entity Name: CAMWIL CORPORATION

**Current Principal Place of Business:**

3615 W. JETTON AVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3615 W. JETTON  
TAMPA, FL 33629

**New Mailing Address:**

508 ECHO SPRINGS RD  
KNOXVILLE, TN 37923

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILSON, ALBERT A  
3615 W. JETTON AVE  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: WILSON, JAMES B  
Address: 3615 W. JETTON  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: HENGSTLER, ZIBELLE W  
Address: 508 ECHO SPRINGS ROAD  
City-St-Zip: KNOXVILLE, TN 37923

Title: STD  
Name: HENGSTLER, DENNIS D  
Address: 508 ECHO SPRINGS RD  
City-St-Zip: KNOXVILLE, TN 37923

Title: P  
Name: HENGSTLER, ZIBELLE W  
Address: 508 ECHO SPRINGS ROAD  
City-St-Zip: KNOXVILLE, TN 37923

Title: D  
Name: WILSON, CAMYLLE D  
Address: 3615 JETTON AVE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ZIBELLE W HENGSTLER

PRES

04/01/2012

Electronic Signature of Signing Officer or Director

Date