2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366344

Name:

Address: City-St-Zip: FILLMER, TOM

4408 NW 78TH TERR

GAINESVILLE, FL 32606

Entity Name: R. O. CAMP CONSTRUCTION, INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	8 TERRACE				
SUITE A GAINESVI	LLE, FL 32609	US			
Current M	ailing Addres	s:	New Mailing Addres	s:	
P.O. BOX GAINESVI	686 LLE, FL 32602	US			
FEI Number:	: 59-1306428	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GAINESVI The above	8 TERRACE LLE, FL 32609		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SDT () FILLMER, DANA 4408 N.W. 78 TI GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOD () CAMP, ROY O, 4304 N W 78 TE GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TOM FILLMER PD 03/26/2008