

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366344

FILED  
Mar 26, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2401 NE 18 TERRACE  
SUITE A  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 686  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

FEI Number: 59-1306428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAMP, ROY O.  
2401 NE 18 TERRACE  
GAINESVILLE, FL 32609 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SDT ( ) Delete  
Name: FILLMER, DANA C.,  
Address: 4408 N.W. 78 TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: CEOD ( ) Delete  
Name: CAMP, ROY O.,  
Address: 4304 N W 78 TERR  
City-St-Zip: GAINESVILLE, FL 32606

Title: PD ( ) Delete  
Name: FILLMER, TOM  
Address: 4408 NW 78TH TERR  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: TOM FILLMER

PD

03/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date