2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # 458801 1. Entity Name CAMP BOX COMPANY, INC.					01-26-2004 90013 029 ***150.00			
Principal Plac	e of Business	Mailing Address						
366 TAFT-VINELAND RD ORLANDO, FL 32824		366 TAFT-VINELAND RD ORLANDO, FL 32824					14881 61 NB81	
2. Principal Place of Business		3. Mailing Address						
Cuite Age ii ata		Puits Ant 4 ato						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004	Chg-P	CR2E034 (10/03)		
City & State		City & State		1	4. FEI Number Applied For 59-1554344 Applied ble			
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add		
	= 6. Name-and Address of Current F	l Registered Agent		7. Name and	Addrass of New	Registered Agent		

CAMPBELL, ORDIE W. 1425 W. TAFT VINEELAND RD.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32837					*****			
			City			FL Zip God	e	
The above named entity submits this statement for the purpose of changing its registered office or registered.					th, in the State of	Florida, I am familiar with.	and accept	
the obligat	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title # applicable. (NO)	E: Fiegistered Agent signature requ	ired when reinstating)		DATE	· <u> </u>	
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con	aign Financing \$ tribution.	5.00 May Be dded to Fees				
10	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO O	FFICERS AND DIRECTORS	S IN 11	
TITLE	PD	Delete	TITLE			Change	Addition	
NAME	CAMPBELL, ORDIE		NAME					
STREET ADDRESS CITY-ST-ZIF	1425 W TAFT VINELAND RD ORLANDO, FL 32837		STREET ADDRESS CITY-ST-ZIF					
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	CAMPBELL, KINDELL S		NAME					
STREET ADDRESS ONY-ST-ZIP	1425 TAFT VINELAND RD. ORLANDO, FL 32837		STREET ACORESS CITY-ST-ZIP					
TITLE	ORDANDO, LE 02007	Delete	TITLE			[] Change	Addition	
NAME	ر د ي مست سم		-NAME	سنسبب تهضه موس	· ·	·· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			STREET ADDRESS CITY+ST-ZIP					
CITY-ST-ZIP		Delete	TITLE			Change	☐ Addition	
NAME		L: Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CfTY-ST-ZIP		1223	CITY-ST-ZIP			[77] (hanan	[T] 4443	
TITLE NAME		Delete	TITLE Name			Change	Addition .	
STREET ADDRESS			STREET ADDRESS			, t,		
OTTY-ST-ZBP			CITY-ST-73P					
TITLE		☐ Delete	TITLE NAME	7 1.64	i	☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS	. 		a a same	. +	
CHY-ST-2IP		= *	CDY-S1-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kindell S. Campbell 1-22-04 407-859-1160
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date