## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 480186**

Entity Name: DE CAMP ENTERPRISES, INC.

MILLER-MONUTT, ANN VP

2631 E OAKLAND PARK BLVD - 101

FORT LAUDERDALE, FL 33306 US

Name:

Address:

City-St-Zip:

FILED May 06, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	of Business:	
	AKLAND PARK BLVD STE 101 JDERDALE, FL 33306 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O.BOX				
	JDERDALE, FL 333070185 US	FFI Novelous New Specificable (V)	Contillants of Status Basinad ( )	
FEI Number	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		: Name and Address o	Name and Address of New Registered Agent:	
101	, IRENE AKLAND PARK BLVD JDERDALE, FL 33306 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corporation di mpaign Financing Trust Fund Contribution (X).	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete DE CAMP, IRENE, PO BOX 70185 FT. LAUDERDALE, FL 333070185 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( ) Delete JACKSON, MARY JANE, 16187 SACRAMENTO AVENUE BROOKSVILLE, FL 346048071 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete GULICK, RICHARD VP 2631 E OAKLAND PARK BLVD 101 FORT LAUDERDALE, FL 33306 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ( ) 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: IRENE DE CAMP PRES 05/06/2008