

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90044 021 ***150.00

DOCUMENT # 596135
1. Entity Name CAMERON INVESTMENTS, INC.

Principal Place of Business 4400 PGA BLVD STE 303 PALM BEACH GARDENS, FL 33410	Mailing Address 4400 PGA BLVD STE 303 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business 4400 PGA BLVD, SUITE 900 Suite, Apt. #, etc. PALM BEACH GARDENS, FL	3. Mailing Address 4400 PGA BLVD, SUITE 900 Suite, Apt. #, etc. PALM BEACH GARDENS, FL
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City & State	City & State
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Zip 33410	Country U.S.	Zip 33410	Country U.S.
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6. Name and Address of Current Registered Agent
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EMORY, JORDAN C III 415 2ND AVENUE NORTH LAKE WORTH, FL 33460
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7. Name and Address of New Registered Agent
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8. 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. I am familiar with, and accept the obligations of registered agent.
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FISCHER, DAVID CAMERON 125 OLYMPUS WAY JUPITER, FL 00000,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSOWSKI, ESTHER 1503 OCEAN WAY JUPITER, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL A. TAYLOR 125 OLYMPUS WAY JUPITER, FL 334477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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40004100



01112005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1878578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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