

# Amended

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

61.25  
return 81.75 < 150

FILED

05 JUN 23 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts



04042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1922074 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 627078

1. Entity Name  
CAM-JO INC.



Principal Place of Business  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652

Mailing Address  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652

2. Principal Place of Business  
16691 US 19 North

3. Mailing Address  
16691 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip 33764

Country USA

Zip 33764

Country USA

### 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

### 7. Name and Address of New Registered Agent

Name Thomas Gahan

Street Address (P.O. Box Number is Not Acceptable)

16691 US 19 North

City Clearwater

FL

Zip Code 33764

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Thomas Gahan

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

### 10. OFFICERS AND DIRECTORS

TITLE VSTD ☒ Delete  
NAME KINNEAR, ROSS  
STREET ADDRESS 160 S. ROUTE 17 NORTH  
CITY-ST-ZIP PARAMUS, NJ 07652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/C/D ☐ Change ☒ Addition  
NAME Cullan F. Meathe  
STREET ADDRESS 645 Griswold, Suite 2202  
CITY-ST-ZIP Detroit, MI 48226

TITLE ☐ Change ☒ Addition  
NAME P/S  
STREET ADDRESS Daniel Ret  
CITY-ST-ZIP 24957 Brest Road  
Taylor, MI 48180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Ret, President

Date

Daytime Phone #