

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 669339

FILED
Apr 22, 2007
Secretary of State

Entity Name: O. NELSON DE CAMP JR., D.C., P.A.

Current Principal Place of Business:

202 ALLAMANDA DRIVE
C/O O. NELSON DE CAMP, JR.
LAKELAND, FL 33803

New Principal Place of Business:

202 ALLAMANDA DRIVE
C/O O. NELSON DE CAMP, JR.
LAKELAND, FL 33803 US

Current Mailing Address:

202 ALLAMANDA DRIVE
C/O O. NELSON DE CAMP, JR.
LAKELAND, FL 33803

New Mailing Address:

202 ALLAMANDA DRIVE
C/O O. NELSON DE CAMP, JR.
LAKELAND, FL 33803 US

FEI Number: 59-2007062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECAMP, O. NELSON
202 ALLAMANDA DRIVE
LAKELAND, FL US

Name and Address of New Registered Agent:

DECAMP, O. NELSON
202 ALLAMANDA DRIVE
LAKELAND, FL 33803 US

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:

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: DECAMP, O. NELSON,
Address: 202 ALLAMANDA DRIVE
City-St-Zip: LAKELAND EASTON DRIVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: O. NELSON DECAMP

PRES

04/22/2007

Electronic Signature of Signing Officer or Director

Date