

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 848422

1. Entity Name  
CAMELOT INTERNATIONAL, INC.



**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90001 039 \*\*\*150.00

Principal Place of Business  
14100 US 19 NORTH  
SUITE 137  
CLEARWATER, FL 33764 US

Mailing Address  
PO BOX 86024  
MADEIRA BEACH, FL 33738 US

2. Principal Place of Business  
16750 Gulf Blvd

3. Mailing Address  
Same as above

Suite, Apt. #, etc.  
#311

Suite, Apt. #, etc.

City & State  
N. Redington Beach, FL

City & State

Zip

Country

Zip

Country

33708

03102004 Chg-P CR2E034 (10/03)

4. FEI Number  
36-2817218

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPICER, PH.D., JAMES E.  
16104 GULF BOULEVARD  
REDINGTON BEACH, FL 33708

7. Name and Address of New Registered Agent

Name

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

16750 Gulf Blvd #311

City

N. Redington Beach

FL

Zip Code

33708

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PT  
SPICER, JAMES E., PH.D.  
16104 GULF BOULEVARD  
REDINGTON BEACH, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
SPICER, SHIRLEY J.  
16104 GULF BOULEVARD  
REDINGTON BEACH, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

16750 Gulf Blvd, # 311  
N. Redington Beach, Fl. 33708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

16750 Gulf Blvd # 311  
N. Redington Beach, Fl. 33708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*James E. Spicer*

James E. Spicer, PH.D.

3/11/04

727-393-9123

Date

Telephone #