

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001600

FILED  
Feb 09, 2004  
Secretary of State

**Entity Name:** CAMCO SUNBELT INSTALLERS AND RENOVATORS INC.

**Current Principal Place of Business:**

1550 32ND AVENUE  
LONGVIEW, WA 98632

**New Principal Place of Business:**

2795 ANDERSON AVE  
SUITE 10  
KLAMATH FALLS, OR 97603

**Current Mailing Address:**

P.O. BOX 2478  
LONGVIEW, WA 98632

**New Mailing Address:**

2795 ANDERSON AVE  
SUITE 10  
KLAMATH FALLS, OR 97603

**FEI Number:** 14-1843433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALTMAN, BARBARA  
Address: 1550 32ND AVENUE  
City-St-Zip: LONGVIEW, WA 98632

Title: V ( ) Delete  
Name: WALTMAN, MICHAEL JR.  
Address: 2949 LILAC STREET  
City-St-Zip: LONGVIEW, WA 96632

Title: ST ( ) Delete  
Name: WALTMAN, JANA  
Address: 2949 LILAC STREET  
City-St-Zip: LONGVIEW, WA 96632

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WALTMAN, BARBARA  
Address: 4781 GLENWOOD DR  
City-St-Zip: KLAMATH FALLS, OR 97603

Title: V (X) Change ( ) Addition  
Name: WALTMAN, MICHAEL JR.  
Address: 3831 HOPE ST.,  
City-St-Zip: KLAMATH FALLS, OR 97603

Title: ST (X) Change ( ) Addition  
Name: WALTMAN, JANA  
Address: 3831 HOPE ST.  
City-St-Zip: KLAMATH FALLS, OR 97603

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JANA WALTMAN

ST

02/09/2004

Electronic Signature of Signing Officer or Director

Date