


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90002 043 ***150.00

DOCUMENT # F03000003754	
1. Entity Name CAMCOR, INC.	

Principal Place of Business 2273 S CHURCH ST BURLINGTON, NC 27215	Mailing Address PO BOX 1899 BURLINGTON, NC 27216-1899
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40025208



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152007 Chg-P CR2E034 (12/06)

4. FEI Number **56-0818892** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	C THOMAS, RICHARD C
STREET ADDRESS	PO BOX 1899
CITY-ST-ZIP	BURLINGTON, NC 27216
TITLE	<input type="checkbox"/> Delete
NAME	P BAILEY, RAYMOND E
STREET ADDRESS	PO BOX 1899
CITY-ST-ZIP	BURLINGTON, NC 27215
TITLE	<input type="checkbox"/> Delete
NAME	VP BAILEY, RAYMOND E JR
STREET ADDRESS	PO BOX 1899
CITY-ST-ZIP	BURLINGTON, NC 27215
TITLE	<input type="checkbox"/> Delete
NAME	S THOMAS, MILDRED S
STREET ADDRESS	PO BOX 1899
CITY-ST-ZIP	BURLINGTON, NC 272161899
TITLE	<input type="checkbox"/> Delete
NAME	AS BAILEY, RICKY L
STREET ADDRESS	PO BOX 1899
CITY-ST-ZIP	BURLINGTON, NC 272161899
TITLE	<input type="checkbox"/> Delete
NAME	Secretary Bailey, Glenda B
STREET ADDRESS	PO Box 1899
CITY-ST-ZIP	Burlington, NC 27216-1899

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Secretary
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Glenda B Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07
Date

336-228-0251
Telephone Number