## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 8:00 am Secretary of State

ANNUAL REPORT			Secretary or Sta	ic.
DOCUMENT # F0700005243			04-16-2008 90015 006 ***150.0	
BARTOW CAMPOS INC.				
Principal Place of Business	Mailing Address		·	•
210 E VAN FLEET: DR	328 JOHNSON STREET SENOIA, GA 30276	-	mand to 9.7 · · · · · · ·	
		<u></u>		
DO NOT WRITE IN THIS SPACE		CE	03272008 No Chg-P CR2E034 (11/05)  4. FEI Number Appli	ied For
			34-2053823 Not A	Applicable
			5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Re	gistered Agent	-∤-	· -	
CAMPOS, JUAN SR 933 COBLESTONE DR			DO NOT WRITE	
SPRING HILL, FL 34606			IN THIS SPACE	
		<u> </u>		
<ol> <li>The above named entity submits this statement for the the obligations of registered agent.</li> </ol>	e purpose of changing its register	red office or re	gistered agent, or both, in the State of Florida. I am familiar with, an	nd accept
and distinguished in organization and again.				
SIGNATURE Signature, typed or printed harne of registered agent and	title if applicable. (NOTE: Register	ed Agent signature	equired when reinstating) DATE	
N	1 7			· · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE PVST				
NAME CAMPOS, JUAN SR STREET ADDRESS 933 COBLESTONE DR		1		
CITY-ST-ZIP SPRING HILL, FL 34606		1	•	
IIILE CFO	<del></del>	-		
NAME Campos, Jose STREET ADDRESS 601 Brookstone Dr				
STREET ADDRESS 601 Brookstone Dr		I .		
CITY-ST-ZIP Labrange GA 302	10	[		
TITLE NAME				
STREET ADDRESS		i	DO NOT WOLL	-
CITY-ST-ZIP		1	DO NOT WRITE	
TITLE		Ī	IN THIS SPACE	
NAME		1	III IIIO OI AOL	
STREET ADDRESS City-St-Zip		1		
<del> </del>				
IITLE NAME		1		
CTREET ADDRECC		•		

12. I hereby certify that the information supplied with this filling 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: X JUAN CAMPOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME
STREET ADDRESS

04/02/08

Date

Daytime Phone #