

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F88866

1. Entity Name  
CAMPBELL CONSULTANTS, INC.



Principal Place of Business  
5022 73 AVENUE N  
PINELLAS PARK, FL 33781 US

Mailing Address  
5022 73 AVENUE N  
PINELLAS PARK, FL 33781 US

FILED  
05 APR 22 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2205770

Applied For  
Not Applicable

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

c Name and Address of Current Registered Agent

DELONG, WILLIAM R  
6252 68 AV N  
PINELLAS PARK, FL 33781

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 Made Be  
Added to Fees

700053533737  
04/22/05--01027--005 \*\*185.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
DELONG, WILLIAM R  
6252 68TH AVE NO  
PINELLAS PARK, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
DELONG, MARGARET M.  
6252 68TH AVE NO  
PINELLAS PARK, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #