

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 035 ***150.00

DOCUMENT # F99000001438					
1. Entity Name CAMPUS WORKS, INC.					
Principal Place of Business 330 S. PINEAPPLE AVE., STE 113 SARASOTA, FL 34236			Mailing Address 684 FREELING DRIVE SARASOTA, FL 34242		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0878938	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROSS, SUSAN 684 FREELING DRIVE SARASOTA, FL 34242			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOENBERG, LAWRENCE J 415 L'AMBIANCE DRIVE LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSS, SUSAN 684 FREELING DR SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Koopmans 65 W. Sunlight Court Glenwood Springs, CO 81601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Koopmans 65 W. Sunlight Court Glenwood Springs, CO 81601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/11/05 941-349-7355 Date Daytime Phone #		