

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001438

Entity Name: CAMPUS WORKS, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

126 S. OSPREY  
SUITE 200  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

126 S. OSPREY  
SUITE 200  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-0878938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GROSS, SUSAN  
684 FREELING DRIVE  
SARASOTA, FL 34242      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

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: SCHOENBERG, LAWRENCE J  
Address: 415 L'AMBIANCE DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD  
Name: GROSS, SUSAN  
Address: 684 FREELING DR  
City-St-Zip: SARASOTA, FL 34242

Title: VP  
Name: NEVES, DARROW  
Address: 105 4TH AVE NE, UNIT 418  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE J. SCHOENBERG

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date