2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G50442

1. Entity Name
CHAMPOR, CORP., INC.

Principal Place of Business	Mailing Address
7203 N. FLORIDA AVE. TAMPA, FL 33604	7203 N. FLORIDA AVE. TAMPA, FL 33604

03092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1346391	Not Applicable

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

6. Name and Address of Current Registered Agent

POTTS, DAVID C.
7203 N FLORIDA AVE
TAMPA, FL 33604

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
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	POTTS, DAVID C.
STREET ADDRESS	7203 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 33604

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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: _____   7/12/07   813 239-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #