


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G96972
 1. Entity Name
CAMERON'S BRITISH FOODS, INC.



Principal Place of Business
928 NORTHEAST 24TH LANE
UNIT #1
CAPE CORAL, FL 33909

Mailing Address
928 NORTHEAST 24TH LANE
UNIT #1
CAPE CORAL, FL 33909



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379950

Applied For
 Not Applicable

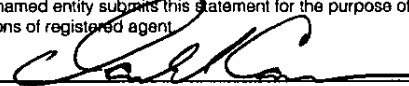
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMERON, DONALD
8400 HENDERSON GRADE
N FT MYERS, FL 33917

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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  **4/23/08**
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMERON, DONALD
STREET ADDRESS	8400 HENDERSON GRADE
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	SD
NAME	CAMERON, BONNIE
STREET ADDRESS	8400 HENDERSON GRADE
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	VPP
NAME	CAMERON, DONALD JR
STREET ADDRESS	20540 FERN CIR
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	T
NAME	CAMERON, AMBER
STREET ADDRESS	20540 FERN CIR
CITY-ST-ZIP	N FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/21/08-80009-018 150.00

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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:  **4/23/08** **239-772-1554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #