


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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| DOCUMENT # H36367 1. Entity Name CAMP & CAMP, P.A. |  |
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| Principal Place of Business 111 SE 12 STREET FORT LAUDERDALE, FL 33316 | Mailing Address 111 SE 12 STREET FORT LAUDERDALE, FL 33316 |
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01032005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2449128 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CAMP, JAMES D JR
 111 SE 12 STREET
 FORT LAUDERDALE, FL 33316

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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 _____ (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** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CAMP, JAMES D III 111 SE 12TH STREET FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CAMP, JAMES D JR 111 SE 12TH STREET FORT LAUDERDALE, FL 33316 |
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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 or other like empowered.

SIGNATURE:  **James D. Camp III** 1-4-05 954-524 841
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #