2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	A	NNUAL I	KEPUK I	(AK)	}			. I	ah 16 2	ሰበሬ ሰ	2.00	N
DOCUMENT # H92324  1. Entity Name								Feb 16, 2006 08:00 AM Secretary of State				
CAMPBE	LL INVEST	MENT COMPA	VΥ									
Principal Plac	ce of Business	- Mailing Addre	Mailing Address									
4428 S.W. 35TH TERRACE GAINESVILLE FL 32608			4428 S.W. 3 GAINESVILL	4428 S.W. 35TH TERRACE GAINESVILLE FL 32608				178	Radia dain anan indus indus	R MARIA MARIA MARIA MARIA A	<b>(1) 1:1</b> 1:1 1:1 1:1 1:1 1:1 1:1 1:1 1:1 1:	ENGRA II ITUE
2. Principal Place of Business			3. Mailing Add	3. Mailing Address				1.7				
Suite, Apt. #, etc.			Suite, Apt #	Suite, Apt #, etc.				1:	MOORE	CR2E034	(10/05)	
City & State			City & State	City & State				4. FEI Numi	59-2618	787	<b>———</b>	oplied For
Zip Country			Zip	Zip C			-	5. Cenificat	e of Status Desire	ed 🗆	\$8.75 Add Fee Require	ditional
	6. Name a	nd Address of Curre	nt Registered Agen	t	i			7. Name an	d Address of Ne	ew Registered .		
SALTER, JAMES D. 703 N.E. 1ST STREET GAINESVILLE FL 32601							idress (l	P.O. Box Numi	per is Not Accept	lable)		
						City				Ei	Zip Cod	 le
	e named entity s tions of register	submits this statement	for the purpose of c	hanging its re	l egistere	ed office or	register	ed agent, or b	oth, in the State o	of Florida, I am	lamiliar with,	and acce
	-											
SIGNATURE	Signature, types or	printed hains of registered ag	ent and title it applicable	(NOTE-	Registered	i Agent signatu	na menjuked	when remataling)		DATE		
After	May 1, 2006	FEE IS \$150.00 Fee Will Be \$550, Florids Department	00 of State				•		1	ampaign Financ Contribution.		00 May
10.			ID DIRECTORS		<b>1</b> 11.	=		ADDITIONS	} :/CHANGES TO:	OFFICERS AND	DIRECTOR	S 1N 11
TRILE	DP			Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	□ Add	
NAME CTREET ADDRESS	MAY, JACK C. SS 4428 S.W. 35TH TERR.			•				U00000436783 02/28/06-80014-813 150.00				
CITY-ST-ZIP	,		_									
TITLE	VD			Delete	TITLE	ì					☐ Change	□ A.L."
NAME STREET ADDRESS	MILLER, G.M. 4428 S.W. 35TH TERR.					NAME STREET ADORESS						
CITY - ST - ZIP	GAINESVILLE FL		=-	-	CITY-ST-ZIP							
TITLE	SD			Detete	LILTE						☐ Change	□ MA
NAME	SALTER, JAI				NAMI							
STREET ADDRESS CITY-ST-ZIP	703 NE 1ST GAINESVILL				•	et address -St- <i>zip</i>						
TITLE	GAINEDY ILL			Delete	TITLE						☐ Change	
NAME				0000	NAM							
STREET ADDRESS					2	LT ADDRESS						
CITY-ST-ZIP		<del></del>			╂	-ST-ZRP						
TITLE NAME	•		ט	Delete	TATELE						☐ Change	□ Adr
STREET ADDRESS						ET ADORESS						
CITY-ST-ZIP					CHY	-ST - ZIP						
TITLE	}			Delete	ILLTE						Change	☐ Adi."
NAME STREET AUDRESS	}				NAMA CTOS							
CITY-ST-ZIP	{					et address -st-70p						

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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: M. M. M. M. Cover M. M. LOR 352-313-7575