2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # H95690 1. Entity Name CAMPBELL GROVE CARE, INC.					4	05-02-2005	90988 03	34 ***150	0.00
Principal Place	a of Business	Mailing Address			23020				
Principal Place of Business 905 S HILLSIDE COURT WINTER HAVEN, FL 33881		PO BOX 112 LAKE WALES, FL 33859						1801 la 1601	
2. Principal Place of Business		3. Mailing Address						 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number 59-2622			 	plied For t Applicable	
Zip	Country Zip Cou		Coun	try	5. Certificate of	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and A	Address of New R	egistered A	\gent	
CAMPDEL	L ABCHIBALD I. III			Name					
CAMPBELL, ARCHIBALD L. III 905 S HILLSIDE COURT WINTER HAVEN, FL 33881			Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
D. Floriton Compaign Financian									
		9 Flection Campai	on Fina	ocina ČE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Conti		+-	.00 May Be ded to Fees				
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND D	Trust Fund Conti		+-	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
After Ma	officers and E	Trust Fund Conti	11.	Add	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11 ☐ Addition
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c. I needly certify that the information supplied with this filing does not quality 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 appears in block 10 or Block 11 if changed, or on an attachment with appears in Block 10 or Block 11 if the proposed in the proposed

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

863 287-4148

Daytime Pho