2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# J29344

Entity Name: CAMPEN-CAROLINA CORPORATION

Current Principal Place of Business:

P.O. BOX 140907
GAINESVILLE, GL 326140907 US

New Principal Place of Business:

P.O. BOX 140907
GAINESVILLE, FL 326140907 US

Current Mailing Address:

P.O. BOX 140907
GAINESVILLE, FL 326140907 US

New Mailing Address:

FEI Number: 59-2770351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPEN, BEN
2613 S.W. 81ST STREET
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPEN, BEN,
Address: 5348 N.W. 9TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete
Name: CAMPEN, JOHN,
Address: 2613 SW 81ST STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete
Name: CAMPEN, JAMES,
Address: P.O. BOX 458, NA
City-St-Zip: FLETCHER, NC 28732

Title: STD ( ) Delete
Name: HALL, SYLVIA H.,
Address: P.O. BOX 194, NA
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CAMPEN VP 01/09/2006

Electronic Signature of Signing Officer or Director Date