

**IT CORPORATION
IL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J32993

1. Entity Name
ARGYLL ASSOCIATES, INC.



Principal Place of Business
**1275 PINELLAS BAY WAY
2ND FLOOR
SAINT PETERSBURG, FL 33715 US**

Mailing Address
**1275 PINELLAS BAY WAY
2ND FLOOR
SAINT PETERSBURG, FL 33715 US**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPBELL, GORDON W.
2000 BAYVIEW DR
TIERRA VERDE, FL 33715**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CAMPBELL, GORDON W. 2000 BAYVIEW DR TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL, PATRICIA M. 2000 BAYVIEW DR TIERRA VERDE, FL 33715
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02/25/05-80042-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gordon W. Campbell Chr *Gordon W. Campbell* 9/5/05 727 641-7705