

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90092 028 ***150.00

DOCUMENT # J50484

1. Entity Name
TIMOTHY C. CAMPBELL, ATTORNEY AT LAW, P.A.



Principal Place of Business
**222 E. FOURTH ST
PANAMA CITY, FL 32401**

Mailing Address
**2811 LONGLEAF RD
PANAMA CITY, FL 32405**

44035673

2. Principal Place of Business
228 E. 4th Street
Suite, Apt. #, etc.

3. Mailing Address
228 E. 4th Street
Suite, Apt. #, etc.



01262004 Chg-P CR2E034 (10/03)

City & State
Panama City, FL
Zip
32401 Country

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Panama City, FL
Zip
32401 Country

4. FEI Number
59-2753652 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPBELL, TIMOTHY C.
222 E. FOURTH ST
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name
Timothy C. Campbell
Street Address (P.O. Box Number is Not Acceptable)
228 E. 4th Street
City
Panama City FL Zip Code
32401

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, 2004 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
**DPS
CAMPBELL, TIMOTHY C.
222 E. FOURTH ST
PANAMA CITY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
Timothy C Campbell
228 E. 4th St.
Panama City, FL 32401** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2-20-04 (850) 763-8466

Date

Daytime Phone #