

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # J60008

1. Entity Name
CAMP PINEWOOD, INC.



Principal Place of Business

300 ORR'S CAMP RD
% JACK LEVINE
HENDERSONVILLE, NC 28792 US

Mailing Address

300 ORR'S CAMP RD
% JACK LEVINE
HENDERSONVILLE, NC 28762 US



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2781019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, JACK
11150 NW 33RD ST
CORAL SPR, FL 33065

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

000000476335
04/06/06-80006-003 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVINE, JACK
300 ORRS CAMP RD
HENDERSONVILLE, NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVINE, RONALD
11150 NW 33 ST
CORAL SPR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ronald Levine **RONALD LEVINE**

3/18/06

954 7520111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #