

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K22140

1. Entity Name
CAMPBELL DOOR SERVICE, INC.



Principal Place of Business
4785 CASTLEWOOD RD.
SEFFNER, FL 33584

Mailing Address
PO BOX 456
SEFFNER, FL 33583

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAMPBELL, ARNOLD D
4785 CASTLEWOOD ROAD
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

Name
KATRINA DEE WOSS
Street Address (P.O. Box Number is Not Acceptable)
4785 CASTLEWOOD ROAD

City **SEFFNER** FL Zip Code **33584**

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

Amended AR is \$61.25

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
D
CAMPBELL, ARNOLD D
4785 CASTLEWOOD RD
SEFFNER, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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
DIRECTOR
KATRINA DEE WOSS
4785 CASTLEWOOD RD.
SEFFNER, FL 33584 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900104938739
06/27/07--01050--008 **70.00

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

TITLE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD CAMPBELL

Date

6-15-07

Daytime Phone #

813-659-2155

FILED

2007 JUN 26 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06142007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0059976
Applied For
Not Applicable

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