

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K92370

1. Entity Name
CAMP LIVE OAK, INC.



Principal Place of Business
**C/O VIVIAN LIPSCOMB
1915 NE 45TH ST., SUITE 202
FT LAUDERDALE, FL 33308 US**

Mailing Address
**C/O VIVIAN LIPSCOMB
1915 NE 45TH ST., SUITE 202
FT LAUDERDALE, FL 33308 US**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0123909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIPSCOMB, VIVIAN
1915 NE 45TH ST
STE 202
FT LAUDERDALE, FL 33308**

**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, 2007 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
**P
LIPSCOMB, VIVIAN A.
1915 NE 45TH ST, STE 202
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U00000604870
01/30/07-80013-011 150.00

**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:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/07

954-491-2917