

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90165 001 \*\*\*277.50

**DOCUMENT # L01000018311**

1. Entity Name  
**CAMP AND FORE, LLC**



Principal Place of Business  
**943 S.E. FORT KING STREET  
OCALA, FL 34471**

Mailing Address  
**943 S.E. FORT KING STREET  
OCALA, FL 34471**



**30004222**

02212008 No Chg-LUC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3613897**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMP, GENE B  
943 S.E. FORT KING STREET  
OCALA, FL 34471**

**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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAMP, KEVIN B
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	CAMP, GENE B
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MERRITT C JR.
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MERRITT C III
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	CLIFFORD, KRISTEN C
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	FORE, MAC P
STREET ADDRESS	943 S.E. FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/13/08**

Date

**352-732-8000**

Daytime Phone #