

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90071 041 \*\*\*\*50.00

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01192007 Chg-LLC CR2E083 (12/06)

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|--|---|--|--|---|--|
| <b>DOCUMENT # L06000035484</b><br>1. Entity Name<br><b>CAMCORP, LLC</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>2000 E. EDGEWOOD DR., SUITE 106A<br/>P.O. BOX 442<br/>LAKELAND, FL 33802 US</b>  |   |  | Mailing Address<br><b>P.O. BOX 442<br/>LAKELAND, FL 33802 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>P O Box 2766</b><br><br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><br>   |   | City & State<br><b>Lakeland, FL</b>                                  |  | 4. FEI Number<br><b>20-4638974</b>  |  |
| Zip<br>  |   | Country<br>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TUCKER, T. R<br/>2000 E. EDGEWOOD DR., SUITE 106A<br/>LAKELAND, FL 33802</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>         |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>TUCKER, T. R<br/>P.O. BOX 442<br/>LAKELAND, FL 33802</b>          | <input type="checkbox"/> Delete                                      |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>DALTON, O. D<br/>155 LAKE MORTON DRIVE<br/>LAKELAND, FL 33801</b> | <input type="checkbox"/> Delete                                      |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |  |   |  |
| 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: <u>Oscar D. Dalton</u> Date <u>2-1-07</u> Daytime Phone # <u>863-666-1122</u>   |   |  |