

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000867

1. Entity Name
THE WOODLANDS C.A.M.P., INC.



Principal Place of Business
4501 CROOKED RD.
TALLAHASSEE, FL 32304

Mailing Address
3507 SHARER ROAD
TALLAHASSEE, FL 32312

FILED

06 SEP -5 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2462794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOMA, LARRY
3507 SHARER RD.
TALLAHASSEE, FL 32312

**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 reissuing)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000079522450
06/06--01036--025 **61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOMA, LARRY
STREET ADDRESS	3507 SHARER RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	SCOMA, MARIO
STREET ADDRESS	2319 TALLEY LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	SCOMA, SUSAN
STREET ADDRESS	3507 SHARER RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	SCOMA, TIFFANY
STREET ADDRESS	2320 TALLEY LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32304
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 617, 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

LARRY SCOMA

9-4-06 (850) 574-2267

Date

Daytime Phone #

9/5/06