


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005469 <small>1. Entity Name</small> CAMP PALABRA, INC.	
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<small>Principal Place of Business</small> 537 10TH ST, W BRADENTON, FL 34205	<small>Mailing Address</small> 537 10TH ST, W BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

<small>4. FEI Number</small> 11-3653999	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small> GARLAND, WILLIAM H 537 10TH ST, W BRADENTON, FL 34205

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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** _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DP GARLAND, DOROTHY T 7809-36 AVE G PALMETTO, FL 34221
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DVT PARMENTER, PAMELA 7809-36 AVE E PALMETTO, FL 34221
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DS RIDGWELL, PAULA 8006 OAK DRIVE PALMETTO, FL 34221
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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05/04/05-80015-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PAULA RIDGWELL	<small>Date</small> 7-27-2005 <small>Daytime Phone #</small> 941-729-1985
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