

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90038 037 \*\*\*\*78.75

**DOCUMENT # N04000011412**

1. Entity Name  
**THE CAMP AT DEEP POND, INC.**



Principal Place of Business  
**8833 PERIMETER PARK BLVD.  
SUITE 1104  
JACKSONVILLE, FL 32216**

Mailing Address  
**8833 PERIMETER PARK BLVD.  
SUITE 1104  
JACKSONVILLE, FL 32216**



03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2023938**

Applied For  
☐ Not Applicable

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

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

**CURLEY, CHARLES R JR.  
13012 RIVERPLACE BLVD STE 1500  
JACKSONVILLE, FL 32207**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ATKERSON, CHARLES  
STREET ADDRESS 8833 PERIMETER PARK BLVD #1104  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D  
NAME MARKS, ANNA  
STREET ADDRESS 8833 PERIMETER PARK BLVD #1104  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D  
NAME MANN, NIKIA  
STREET ADDRESS 8833 PERIMETER PARK BLVD #1104  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D  
NAME GREGORY, NORMAN  
STREET ADDRESS 8833 PERIMETER PARK BLVD #1104  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

**Charles F. Atkinson, Jr.**

Date

**4/17/08**

Daytime Phone #

**904-564-2252**