2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N11938

Entity Name: CAMP ARMO, INC.

Current Principal Place of Business:

GERALDINE LEAMAN
P.O. BOX 5000 GOB MC 5284
ALTAMONTE SPRINGS, FL 32716

New Principal Place of Business:

GERALDINE LEAMAN
P.O. BOX 5000 GOB MC FLAPKA0240
ALTAMONTE SPRINGS, FL 32716

Current Mailing Address:

GERALDINE LEAMAN
P.O. BOX 5000 GOB MC 5284
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

GERALDINE LEAMAN
P.O. BOX 5000 GOB MC FLAPKA0240
ALTAMONTE SPRINGS, FL 32716

FEI Number: 59-2620213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERALDINE LEAMAN
3305 CURTIS DR
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STANALAND, WOODY
Address: HOLOPAW TR. #9
City-St-Zip: WINTER PARK, FL

Title: VD ( ) Delete
Name: OATES, DAVID
Address: 821 MELODY DR.
City-St-Zip: CHULUOTA, FL

Title: TD ( ) Delete
Name: LEAMAN, GERALDINE
Address: 3305 CURTIS DR.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE LEAMAN TD 04/28/2004

Electronic Signature of Signing Officer or Director — Date