

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90129 003 \*\*\*\*61.25

<b>DOCUMENT # N96000001903</b> 1. Entity Name <b>CAMP S.K.A.M.P., INC.</b>					
Principal Place of Business <b>5068 POINTZ PARKWAY PACE, FL 32571 US</b>			Mailing Address <b>5068 POINTZ PARKWAY PACE, FL 32571 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3446094</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRADLEY, WAYNE D 6900-B NORTH 9TH AVENUE PENSACOLA, FL 32504</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MITCHELL, ERIC</b> <b>286 HOLLAND ST</b> <b>CRESTVIEW, FL 32536</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Sprague, Ann</i> <i>P.O. Box 266</i> <i>Baker, FL 32531</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SPEER, JIM</b> <b>6212 WOODWARD LANE</b> <b>MILTON, FL 32770</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Barth, Penny</i> <i>6720 East Bay Blvd.</i> <i>Naples, FL 32506</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FLEMING, JENNIFER</b> <b>5050 WOODMERE STREET</b> <b>MOBILE, AL 36693</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>McDonald, Christi</i> <i>1712 Gaudin St.</i> <i>Pensacola, FL 32526</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HANSEN, DALLAS</b> <b>3069 FLINTLOCK</b> <b>PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Walther, Renee</i> <i>532 Back Ave.</i> <i>Crestview, FL 32534</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZEIER, DORICE</b> <b>1207 CREEK BRIDGE ROAD</b> <b>PENSACOLA, FL 32514</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Walther, Dewayne</i> <i>5072 Walther St.</i> <i>Baker, FL 32531</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LYNCH, STEPHANIE</b> <b>5068 POINT PARKWAY</b> <b>PACE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 817, 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.					
<b>SIGNATURE:</b> <i>Stephanie A Lynch</i>			5/2/05		(850) 994-1446
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>