

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001903

FILED
Apr 25, 2008
Secretary of State

Entity Name: CAMP S.K.A.M.P., INC.

Current Principal Place of Business:

1086 HWY C4A
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 216
BAKER, FL 32531 US

New Mailing Address:

FEI Number: 59-3446094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, WAYNE D
6900-B NORTH 9TH AVENUE
PENSACOLA, FL 32504 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: D () Delete
Name: MITCHELL, ERIC
Address: 284 HOLLAND ST
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: SPRAGUE, ANN
Address: P.O. BOX 216
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: FLEMING, JENNIFER
Address: 5050 WOODMERE STREET
City-St-Zip: MOBILE, AL 36693

Title: D () Delete
Name: WALTHER, RENEE
Address: 1756 N PEARL STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: ZEIER, DORICE
Address: 1207 CREEK BRIDGE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WALTHER, DOROTHY
Address: 6094 GIBSON ROAD
City-St-Zip: BAKER, FL 32531

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:

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City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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: DOROTHY WALTHER

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date