

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90038 003 ***150.00

DOCUMENT # P00000007619					
1. Entity Name CAMPBELL'S PROPERTY MANAGEMENT OF PINELLAS COUNTY, INC.					
Principal Place of Business 277 55TH AVE P.O. BOX 66632 SAINT PETERSBURG BEACH, FL 33706			Mailing Address P.O. BOX 1203 MARION, IN 46952		
2. Principal Place of Business 277 55th AV.		3. Mailing Address 277 55th AV.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004 Chg-P CR2E034 (10/03)	
City & State ST. PETE BEACH, FL		City & State ST. PETE BEACH, FL		4. FEI Number 59-3624556	
Zip 33706		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JOHN 277 55TH AVE. SAINT PETERSBURG, FL 33706			7. Name and Address of New Registered Agent Name: JOHN W. CAMPBELL Street Address (P.O. Box Number is Not Acceptable): 277 55th AV. ST. PETE BEACH, FL City: ST. PETE BEACH, FL Zip Code: 33706		
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: JOHN W. CAMPBELL PD 2.3.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME CAMPBELL, JOHN W	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 277 55TH AVENUE	CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706		STREET ADDRESS	CITY-ST-ZIP ST. PETE BEACH	
TITLE STD	NAME CAMPBELL, JUANITA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 277 55TH AVENUE	CITY-ST-ZIP SAINT PETERSBURG BEACH, FL 33706		STREET ADDRESS	CITY-ST-ZIP ST. PETE BEACH	
TITLE V	NAME WELCH, DOROTHY M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1306 ROBIN ROAD	CITY-ST-ZIP SOUTH PASEDENA, FL 337073829		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 reports 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 607, 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:			2.3.04 727.363.6146		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		