2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91019 045 ***150.00

DOCUMENT # P00000075045

1. Entity Name
CAMP'S CUSTOM MACHINE, INC.

Principal Place of Business	Mailing Address
1220 TANGELO TERRACE, BAY #1 DELRAY BEACH, FL 33444	C/O ALAN L. CAMP 1220 TANGELO TERR #1 DELRAY BEACH, FL 33444

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13485 Persimmon	13485 Persimmons
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Fl	City & State: Royal Palm Beach
Zip: 33411 Country	Zip: 33411 Country

4. FEI Number: 65-1030590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, ALAN L
~~1220 TANGELO TERRACE, BAY #1~~ 13485 Persimmon
~~DELRAY BEACH, FL 33444~~ Royal Palm Beach 33411 Fl.

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPA, ALAN L ~~8270 S.W. 8TH COURT~~ 13485 Persimmon N. LAUDERDALE, FL 33068 Royal Palm Fl 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMP, ALAN R 8270 S.W. 8TH COURT 13485 Persimmon N. LAUDERDALE, FL 33068 Royal Palm 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Alan Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #