

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000075045

1. Entity Name

CAMP'S CUSTOM MACHINE, INC.



Principal Place of Business

13485 PERSIMMONS
ROYAL PALM BEACH, FL 33411

Mailing Address

13485 PERSIMMONS
ROYAL PALM BEACH, FL 33411



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
13485 PERSIMMONS
ROYAL PALM BEACH, FL 33411

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME CAMPA, ALAN L
STREET ADDRESS 13485 PERSIMMON BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VP
NAME CAMP, ALAN R
STREET ADDRESS 13485 PERSIMMON BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
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U00000535576
05/08/06-80058-020 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 L. Camp Alan L. Camp 4/24/06

561-753-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #