

DOCUMENT # P02000002068

1. Entity Name
CAMELLIAS DEVELOPMENT CORPORATION



FILED
May 23, 2005 8:00 am
Secretary of State

04-13-2005 90070 036 ***150.00

Principal Place of Business

PO BOX 5343 12585
DESTIN, FL 32540

Mailing Address

PO BOX 5343 12585
DESTIN, FL 32540
Pensacola, FL 32591

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E004 (10/03)

4. FEI Number
26-0016343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNNAM, KEVIN
PO BOX 5343
DESTIN, FL 32540
7100 Plantation Rd Ste 18
Pensacola, FL 32504

**DO NOT WRITE
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, the registered agent.

SIGNATURE

Kevin Dunnam

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE MONTHLY FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
DUNNAM, KEVIN
PO BOX 5343
DESTIN, FL 32540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
DUNNAM, MAXIE
4026 LEXINGTON AVE
WILMORE, KY 40390
P.O. Box 1285
Pensacola, FL 32591

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Kevin Dunnam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 4, 05

Date

L901-229-4499

Daytime Phone #