


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000066502	
1. Entity Name CAMTS, INC.	

Principal Place of Business 2372 GALLAGHER AVE SPRING HILL, FL 34606	Mailing Address 2372 GALLAGHER AVE SPRING HILL, FL 34606
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)


4. FEI Number 02-0601971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS, ANDREW A
2372 GALLAGHER AVE
SPRING HILL, FL 34606**

**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 registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000741621 05/15/07-80035-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	THOMAS, ANDREW A 2372 GALLAGHER AVE SPRING HILL, FL 34606
TITLE VPS	THOMAS, CAROL T 2372 GALLAGHER AVE SPRING HILL, FL 34606
TITLE T	MAYLER, AIMEE 8616 PRATT DR NEW PORT RICHEY, FL 34654
TITLE 	
TITLE 	
TITLE 	

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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  **4/28/07** **352-683-1190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #