


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90004 046 \*\*\*150.00

<b>DOCUMENT # P02000120667</b> 1. Entity Name <b>CAMERON REALTY GROUP, INC.</b>					
Principal Place of Business <b>550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901</b>			Mailing Address <b>550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1683451</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMERON, PHYLLIS Y 550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARR, RICHARD C JR. 550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLEM, RANDALL C 550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMERON, PHYLLIS Y 550 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 line empowered.					
<b>SIGNATURE</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Sunbiz

[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

40099905

## Annual Report Online Filing

Document Number P02000120667

Business Entity Name CAMERON REALTY GROUP, INC.

FEI Number 06 - 1683451

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 550 E. STRAWBRIDGE AVENUE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MELBOURNE FL

Zip Code &amp; Country 32901

## Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 550 E. STRAWBRIDGE AVENUE

Suite, Apt. #, etc.

City, State MELBOURNE FL

Zip Code &amp; Country 32901

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) CAMERON PHYLLIS Y

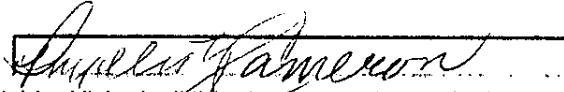
- OR -

Business to serve as RA

Street Address In Florida 550 E. STRAWBRIDGE AVENUE (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State MELBOURNE FL  
Zip Code & Country 32901 US

40099905

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title PD  
Name (Last, First, Middle, Title) KARR RICHARD C JR.

- OR -

Entity Name to serve as Officer/Director

Street Address 550 E. STRAWBRIDGE AVENUE  
City, State MELBOURNE FL  
Zip Code & Country 32901

**Name And Address #2**

Title VD  
Name (Last, First, Middle, Title) FULLEM RANDALL C

- OR -

Entity Name to serve as Officer/Director

Street Address 550 E. STRAWBRIDGE AVENUE  
City, State MELBOURNE FL  
Zip Code & Country 32901

**Name And Address #3**

Title STD

Name (Last, First, Middle, Title)

ATTACHMENT

#P02000120667

CAMERON PHYLLIS Y

- OR -

Entity Name to serve as Officer/Director

Street Address

550 E. STRAWBRIDGE AVENUE

City, State

MELBOURNE

FL

Zip Code & Country

32901

#0099905

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

ATTACHMENT

40099905

#P02000120667

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Secretary

Officer/Director Signature

Phyllis Cameron

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Home Contact us Document Searches E-Filing Services Forms Help  
Copyright and Privacy Policies  
Copyright © 2007 State of Florida, Department of State.