2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000128743

1. Entity Name
CAMDON, INC

Principal Place of Business	Mailing Address
1528 SE 11 STREET FT. LAUDERDALE, FL 33316	1528 SE 11 STREET FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

04052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3730133	Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, DON
1528 SE 11 STREET
FT. LAUDERDALE, FL 33316

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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, 2008 Fee will be $550.00

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

U00000914650
05/08/08-80065-007 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	MITCHELL, DON	
STREET ADDRESS	1528 SE 11 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	D	
NAME	MITCHELL, CAMILLA	
STREET ADDRESS	1528 SE 11 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

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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: _Don Mitchell_ DON MITCHELL   4/4/8   954.524.6834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #