

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000129611					
1. Entity Name CAMELLIA PLANTATION, INC.					
Principal Place of Business 19801 NW HWY 335 WILLISTON FL 32696			Mailing Address 19801 NW HWY 335 WILLISTON FL 32696		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2070366	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNEDY, BOYER G SR. 19801 NW HWY 335 WILLISTON FL 32696				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 re-certifying)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	BOYER, KENNEDY G SR				
STREET ADDRESS	19801 NW HWY 335				
CITY-ST-ZIP	WILLISTON FL 32696				
TITLE	V	☐ Delete			
NAME	BULLOCK, ROBERT W				
STREET ADDRESS	505 SW 7TH STREET				
CITY-ST-ZIP	WILLISTON FL 32696				
TITLE	T	☐ Delete			
NAME	BOYER, KENNEDY G JR				
STREET ADDRESS	19801 NW HWY 335				
CITY-ST-ZIP	WILLISTON FL 32696				
TITLE	S	☐ Delete			
NAME	BOYER, KENNEDY G JR				
STREET ADDRESS	19801 NW HWY 335				
CITY-ST-ZIP	WILLISTON FL 32696				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



1st MOORE CR2E034 (10/05)

4. FEI Number 41-2070366

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

KENNEDY, BOYER G SR.
19801 NW HWY 335
WILLISTON FL 32696

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 re-certifying) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BOYER, KENNEDY G SR	NAME	
STREET ADDRESS	19801 NW HWY 335	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BULLOCK, ROBERT W	NAME	
STREET ADDRESS	505 SW 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BOYER, KENNEDY G JR	NAME	
STREET ADDRESS	19801 NW HWY 335	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Add
NAME	BOYER, KENNEDY G JR	NAME	
STREET ADDRESS	19801 NW HWY 335	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KENNEDY G BOYER SR
PRESIDENT

3/11/06

Daytime Phone #