

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-12-2007 90092 014 ***100.00
01-18-2007 90112 025 ****50.00

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 - No P.O. Box # 18050 WESS 54		3. Mailing Address 18050 WESS 54	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Williston FL		City & State Williston FL	
Zip 32696	Country USA	Zip 32696	Country USA
4. FEI Number 41-2070388		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, BOYER G SR. 19801 NW HWY 335 WILLISTON, FL 32696		7. Name and Address of New Registered Agent 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: <u><i>[Signature]</i></u> DATE: <u>2/5/07</u>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOYER, KENNEDY G SR 19801 NW HWY 335 WILLISTON, FL 32696 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BULLOCK, ROBERT W 505 SW 7TH STREET WILLISTON, FL 32696 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BOYER, KENNEDY G JR 19801 NW HWY 335 WILLISTON, FL 32696 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BOYER, KENNEDY G JR 19801 NW HWY 335 WILLISTON, FL 32696 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <u><i>[Signature]</i></u>		Date: <u>2/25/07</u> 352-528-4840	