

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000027531

FILED
Oct 20, 2004
Secretary of State

Entity Name: CAMELOT DEVELOPMENT, INC.

Current Principal Place of Business:

1045 LAKE ROGERS CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

754 SUMMER OAKS CT
OVIEDO, FL 32765

Current Mailing Address:

1045 LAKE ROGERS CIRCLE
OVIEDO, FL 32765

New Mailing Address:

754 SUMMER OAKS CT
OVIEDO, FL 32765

FEI Number: 05-0559187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, DARREN E
1045 LAKE ROGERS CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

WOODS, DARREN E
754 SUMMER OAKS CT
OVIEDO, FL 32765 US

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.

SIGNATURE: DARREN EUGENE WOODS

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: WOODS, DARREN E
Address: 754 SUMMER OAKS CT
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN WOODS

P

10/20/2004

Electronic Signature of Signing Officer or Director

Date