

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 050 ***150.00

DOCUMENT # P03000045407

1. Entity Name
CAMPSTERHAUS INC.



Principal Place of Business
**1326 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL 33334**

Mailing Address
**1326 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL 33334**

50057726



07112005 Chg-P CR2E034 (10/03)

4. FEI Number
26-0065116 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKIDMORE, RICHARD
1326 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL 33334**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SKIDMORE, RICHARD | |
| STREET ADDRESS | 1326 E COMMERCIAL BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33334 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MUNDLECHNER, ALFRED J | |
| STREET ADDRESS | 220 SOUTHEAST 2ND AVE | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33603 | |
| TITLE | Marlysa Skidmore | <input type="checkbox"/> Delete |
| NAME | Secretary | |
| STREET ADDRESS | 1326 E - Commercial | |
| CITY-ST-ZIP | Blvd | |
| NAME | ft Lauderdale | |
| STREET ADDRESS | FL 33334 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marlysa Skidmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.20.05
Date

Daytime Phone #

ATTACHMENT



50057726

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 11, 2005

CAMPSTERHAUS INC.
1326 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL 33334

SUBJECT: CAMPSTERHAUS INC.
Ref. Number: P03000045407

We have received your check(s) totaling \$; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jessica C Justice

Letter Number: 605A00045563

we do not do nothing till now with the
company everything is payd up to day!
I requestet to close the Saletax account
3 times still did not happend please correct it
never got your letter
how should I pay it then?
please correct it too?

Thank you
Ma