


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000045407</b>		
1. Entity Name <b>CAMPSTERHAUS INC.</b>		

Principal Place of Business <b>1326 EAST COMMERCIAL BLVD FT. LAUDERDALE, FL 33334</b>	Mailing Address <b>1326 EAST COMMERCIAL BLVD FT. LAUDERDALE, FL 33334</b>
--	--



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-0065116</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SKIDMORE, RICHARD 1326 EAST COMMERCIAL BLVD FT. LAUDERDALE, FL 33334</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

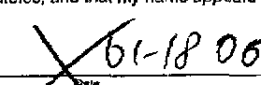
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SKIDMORE, RICHARD 1326 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUNDLECHNER, ALFRED J 220 SOUTHEAST 2ND AVE POMPANO BEACH, FL 33003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKIDMORE, MARYSIA 1326 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000397259  
01/30/06-80042-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 6-18 06

Daytime Phone #