

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052425

FILED
Jul 23, 2004
Secretary of State

Entity Name: CAMPBELL PROPERTIES, INC.

Current Principal Place of Business:

158 CYPRESS VIEW DR.
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

158 CYPRESS VIEW DR.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 65-1184393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSZEWSKI, LAURA
5401 TAYLOR RD., SUITE 3
NAPLES, FL 34109

Name and Address of New Registered Agent:

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:

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: PVD () Delete
Name: CAMPBELL, D. NEVIN
Address: 158 CYPRESS VIEW DR.
City-St-Zip: NAPLES, FL 34113

Title: STD () Delete
Name: CAMPBELL, MAUREEN
Address: 158 CYPRESS VIEW DR.
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAUREEN CAMPBELL

STD

07/23/2004

Electronic Signature of Signing Officer or Director

Date