
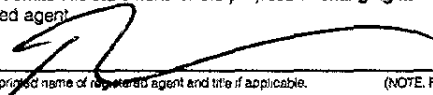



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000073848 1. Entity Name R. CAMPBELL, INC.																																										
Principal Place of Business 6015 MERRILL RD JACKSONVILLE, FL 32277		Mailing Address 2303 LUANA DR E JACKSONVILLE, FL 32246																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent CAMPBELL, RICHARD L II 2303 LUANA DR E JACKSONVILLE, FL 32246		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:  DATE: 4/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>CEO</td></tr><tr><td>NAME</td><td>CAMPBELL, RICHARD L II</td></tr><tr><td>STREET ADDRESS</td><td>2303 LUANA DR E</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32246</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	CEO	NAME	CAMPBELL, RICHARD L II	STREET ADDRESS	2303 LUANA DR E	CITY-ST-ZIP	JACKSONVILLE, FL 32246	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE	CEO																																									
NAME	CAMPBELL, RICHARD L II																																									
STREET ADDRESS	2303 LUANA DR E																																									
CITY-ST-ZIP	JACKSONVILLE, FL 32246																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
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		4/14/06 904-744-0755 Date Daytime Phone #																																								



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1177564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000515000
04/29/06-80194-009 158.75