

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085416

1. Entity Name
THE CAMP TEAM, INC.



Principal Place of Business
**4037 OASIS BLVD.
CAPE CORAL, FL 33914**

Mailing Address
**4037 OASIS BLVD.
CAPE CORAL, FL 33914**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number **11-3702612** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAMPAGNOLO, ROGER
4037 OASIS BLVD.
CAPE CORAL, FL 33914**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

**1100000432945
02/23/06-30088-025 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMPAGNOLO, ROGER 4037 OASIS BLVD CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMPAGNOLO, MARY JANE 4037 OASIS BLVD CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMPAGNOLO, JASON J 4037 OASIS BLVD CAPE CORAL, FL 33914
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**

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