

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000089637

Entity Name: CAMOUFLAGE ELECTRIC, INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

POSTOFFICE BOX 788  
OCALA, FL 34478

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 788  
OCALA, FL 344780788

**New Mailing Address:**

FEI Number: 57-1181826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIRTH, DANIEL W  
3920 SW 6 AVE  
OCALA, FL 34474 US

**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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BIRTH, DANIEL W  
Address: 3920 SW 6 AVE  
City-St-Zip: Ocala, FL 34474

Title: DVP  
Name: BIRTH, JULIE A  
Address: 3920 SW 6 AVE  
City-St-Zip: Ocala, FL 34474

Title: O  
Name: BIRTH, DAVID A  
Address: 2042 SW GAILWOOD ST  
City-St-Zip: PORT ST LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: JULIE A BIRTH

VP

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date