

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103538

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: CAMPBELL ROAD PRESS, INC.

## Current Principal Place of Business:

4659 MIRABELLA COURT  
ST. PETE BEACH, FL 33706

## New Principal Place of Business:

6225 VISTA VERDE DR. W  
GULFPORT, FL 33707

## Current Mailing Address:

4659 MIRABELLA COURT  
ST. PETE BEACH, FL 33706

## New Mailing Address:

6225 VISTA VERDE DR. W  
GULFPORT, FL 33707

FEI Number: 20-0269676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOUMANS, MAURICE E  
4659 MIRABELLA COURT  
ST. PETE BEACH, FL 33706 US

## Name and Address of New Registered Agent:

YOUMANS, MAURICE E  
6225 VISTA VERDE DR. W  
GULFPORT, FL 33707 US

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: MAURICE YOUMANS

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: YOUMANS, MAURICE E  
Address: 4659 MIRABELLA COURT  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: S/ D ( ) Delete  
Name: YOUMANS, GARY B  
Address: 5940 COLD BROOK ROAD  
City-St-Zip: HOMER, NY 13077 US

Title: TREA ( ) Delete  
Name: YOUMANS, MAURICE E  
Address: 4659 MIRABELLA COURT  
City-St-Zip: ST. PETE BEACH, FL 33706 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: YOUMANS, MAURICE E  
Address: 6225 VISTA VERDE DR. W  
City-St-Zip: GULFPORT, FL 33707 US

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

Title: TREA (X) Change ( ) Addition  
Name: YOUMANS, MAURICE E  
Address: 6225 VISTA VERDE DR. W  
City-St-Zip: GULFPORT, FL 33707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAURICE YOUMANS

P/D

04/07/2006

Electronic Signature of Signing Officer or Director

Date