

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113727

1. Entity Name
BCAMP, INC.



Principal Place of Business
1507 CAPE CORAL PKWY W
#9
CAPE CORAL, FL 33914

Mailing Address
1507 CAPE CORAL PKWY W
#9
CAPE CORAL, FL 33914



01112005

Chg-P

CR2E034 (10/03)

05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0297637

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, WILLIAM I
1507 CAPE CORAL PKWY W
#9
CAPE CORAL, FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CAMPBELL, WILLIAM I
STREET ADDRESS 1507 CAPE CORAL PKWY W
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition
NAME Campbell, William Shawn
STREET ADDRESS 1507 Cape Coral Parkway W., #9
CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition
NAME Campbell, Avis
STREET ADDRESS 1507 Cape Coral Parkway W., #9
CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 600044632246 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Avis Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 239-560-8789
Date Daytime Phone #



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : 072100000032

REFERENCE : 139361 80558A

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizutto

ORDER DATE : January 12, 2005

ORDER TIME : 12:04 PM

ORDER NO. : 139361-005

CUSTOMER NO: 80558A

CUSTOMER: William R. Smith, Esq.
William R. Smith, P.a.
Suite 204
8191 College Parkway
Fort Myers, FL 33919

ANNUAL REPORT FILING

NAME: BCAMP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____

RECEIVED
05 JAN 12 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA