

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135688

FILED
Dec 15, 2004
Secretary of State

Entity Name: CAMP CREEK ENTERPRISES OF THE EMERALD COAST, INC.

Current Principal Place of Business:

PO BOX 2153
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

30 CAMP CREEK ROAD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 2153
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 65-1209822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEPHENS, L. MATTHEW
30 CAMP CREEK ROAD
SANTA ROSA BEACH, FL 32459 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHENS, L. MATTHEW
Address: 30 CAMP CREEK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: STEPHENS, LARRY L
Address: 514 HYACINTH LANE
City-St-Zip: PEACHTREE, GA 30269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: L. MATTHEW STEPHENS

D

12/15/2004

Electronic Signature of Signing Officer or Director

Date