2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Sep 30, 2004 8:00 am Secretary of State

	DOCUMENT # P03000136620 1. Entity Name E CAMPBELL INC					09-13-2004 90005 037 ***150.00			
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Principal Place o		Mailing Address			·				
1040 WEST RIVERA BLVD OVEIDO FL 32765		1040 WEST RIVERA BLVD OVEIDO FL 32765			36434312				
<u>.</u>	·	_ _	·						
2. Principal Place of Business		3. Mailing Address			<u>[</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE (CR2E034 (4/04)	
City & State		City & State			4. FEI Numb	o-04087	64	Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired		Additional juired	
	6. Name and Address of Curren	t Registered Agent		Nema	7. Name and	Address of New Reg	istered Agent		
CAMPBELL, ELVIN				Name		<u>ئىسىداق ئىيتىدر</u> د		بسبتي سيست	
1040 WEST-RIVERA BLVD				Street Address (P.O. Box Number is Not Acceptable)					
OVE	DO FL 32765			 					
	,			City		• .	FL Zip	Code	
	named entity submits this statement ons of registered agent.	for the purpose of changing in	s register	ed office or registe	red agent, or b	oth, in the State of Flori	da. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed partie of registered age	ot and this discussion to the	VE - Day		d share and district	- 	DATE		
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`	LE NOW!!! FEE IS \$550.00 DUE BY September, 8, 2004 Payable to Florida Department	late fee. By che	cking this	ows for the waiver of box, the corporatice. Fee to file is \$	ion certifies it	Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 11	
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	CAMPBELL, ELVIN		NAN	- i					
	1040 WEST RIVERA BLVD OVIEDO FL 32765			ET ADDRESS - ST-ZIP	•				
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NAME STREET ADDRESS	t and the second se								
			CIT	Y-ST-ZIP		_	_		
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	vith this filing does not qualify			Section 119.07(3	(i), Florida Statutes. I (further certify that	the information	
STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	certify that the information supplied won this report or supplemental report poration or the receiver or trustee en or on an attachment with an address	with this filing does not qualify it is true and accurate and that apowered to execute this repo	for the ex	emption stated in S	Section 119.07(3 e same legal eff 07. Florida Statu	(i), Florida Statutes. I i ect as if made under of tes; and that my name	further certify that ath; that I am an o appears in Block	the information flicer or director 10 or Block 11 if	