


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90035 032 \*\*\*150.00

DOCUMENT # P03000144131	
1. Entity Name FRED T. CAMPBELL, INC.	

Principal Place of Business FRED T. CAMPBELL INC 2001 83RD AVE N. LOT #5030 ST PETERSBURG FL 33702	Mailing Address 2001 83 AVE N. LOT 5030 ST PETERSBURG FL 33702
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2001 83 AV. NO.
Suite, Apt. #, etc. Lot # 5030	Suite, Apt. #, etc. Lot # 5030

1st MOORE CR2E034 (10/07)

City & State St. Petersburg, FL.	City & State St. Petersburg, FL.	4. FEI Number 20-0543926	Applied For Not Applicable
Zip 33702	Country Pinellas	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, FRED T 2001 83 AVE N. LOT 530 ST PETERSBURG FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GELESPI, JOE		NAME	
STREET ADDRESS 2001 83 AVE N., #1205		STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL 33702		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP ST PETERSBURG FL 33702		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Fred T Campbell Fred T Campbell 3 04 08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year #