

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 031 ***150.00

DOCUMENT # P03000149497

1. Entity Name

CAMPBELL ENTERPRISES OF FORT WALTON, INC.



Principal Place of Business

158 BEAL PKWY
FT WALTON BCH FL 32548

Mailing Address

158 BEAL PKWY
FT WALTON BCH FL 32548



2. Principal Place of Business

158 BEAL PKWY

Suite, Apt. #, etc.

3. Mailing Address

158 BEAL PKWY

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

FT. WALTON BCH

City & State

FT. WALTON BCH.

4. FEI Number

24-0075628

Applied For

Not Applicable

Zip

32548

Country

OKALOOSA

Zip

FLA.

Country

OKALOOSA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MARK
158 BEAL PKWY
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name

CAMPBELL, MARK

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

158 BEAL PKWY

City

FT. WALTON BCH.

FL

Zip Code

32548

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 MARK CAMPBELL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE DPST ☐ Delete
NAME CAMPBELL, MARK
STREET ADDRESS 158 BEAL PKWY
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE V ☐ Delete
NAME WHITE, CRYSTAL
STREET ADDRESS 158 BEAL PKWY
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V ☒ Change ☐ Addition
NAME CAMPBELL, CRYSTAL
STREET ADDRESS 158 BEAL PKWY
CITY-ST-ZIP FT WALTON BCH FL 32548

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

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

TITLE ☐ Change ☐ Addition
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:

MARK S. CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05
Date

Daytime Phone #

850-267-0597

850-882-9875