

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90112 017 \*\*\*150.00

**DOCUMENT # P04000020214**

1. Entity Name  
CAMPBELL'S PAINTING INC.



Principal Place of Business  
~~PO BOX 1784~~ 1020 N. Norwood RD  
DEFUNIAK SPRINGS, FL 32435

Mailing Address  
~~PO BOX 1784~~ 1020 N. Norwood RD  
DEFUNIAK SPRINGS, FL 32435

40109734



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0671032

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CAMPBELL, JERRY L  
1020 N NORWOOD ROAD  
DEFUNIAK SPRINGS, FL 32433

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CAMPBELL, CURTIS J  
STREET ADDRESS 1020 N NORWOOD RD  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE VP  
NAME CAMPBELL, JERRY L  
STREET ADDRESS 1020 N NORWOOD RD  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE SEC  
NAME CAMPBELL, CHARLOTTE  
STREET ADDRESS 1020 N NORWOOD RD  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Jerry L. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/17

Date

450-892-4877

Daytime Phone #