
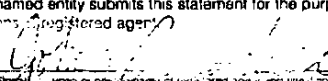



FILED
May 18, 2007 8:00 am
Secretary of State

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DOCUMENT # P04000039020				04-27-2007 90183 029 ***150.00																																									
1. Entity Name CAMPBELL'S CONSTRUCTION CONCRETE AND TRACTOR SERVICE, INC.																																													
Principal Place of Business POST OFFICE BOX 15486 PANAMA CITY, FL 32406			Mailing Address POST OFFICE BOX 15486 PANAMA CITY, FL 32406																																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																										
City & State			City & State																																										
Zip		Country		City & State																																									
Zip		Country		City & State																																									
4. FEI Number 20-0822200				Applied For Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																										
HARE, DIANE C CPA 2589 JENKS AVENUE PANAMA CITY, FL 32405			Name																																										
			Street Address (P.O. Box Number is Not Acceptable)																																										
			City FL Zip Code																																										
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, the registered agent.																																													
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE April 26, 2007																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS																																													
<table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY - ST - ZIP</th><th></th></tr></thead><tbody><tr><td></td><td>PSTD</td><td>CAMPBELL, JOHN</td><td>POST OFFICE BOX 15486</td><td><input type="checkbox"/> Delete</td></tr><tr><td></td><td></td><td>PANAMA CITY, FL 32406</td><td></td><td></td></tr></tbody></table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP			PSTD	CAMPBELL, JOHN	POST OFFICE BOX 15486	<input type="checkbox"/> Delete			PANAMA CITY, FL 32406																											
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																													
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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:  5-16-07 (850) 819-1816																																													