

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90068 038 \*\*\*150.00

**DOCUMENT # P04000039499**

1. Entity Name  
**CAMP KICK IT UP INC.**



Principal Place of Business  
**6113 CANOPY OAKS COURT  
NEW PORT RICHEY, FL 34653 US**

Mailing Address  
**6113 CANOPY OAKS COURT  
NEW PORT RICHEY, FL 34653 US**

2. Principal Place of Business  
**7716 Rutilio Ct.**

3. Mailing Address  
**7716 Rutilio Ct.**

Suite, Apt. #, etc.

City & State  
**New Port Richey, FL**

City & State  
**New Port Richey, FL**

Zip  
**34653**

Country  
**USA**

Zip  
**34653**

Country  
**USA**

**00067518**

**03102005 Chg-P CR2E034 (10/03)**

4. FEI Number  
**90-0172361**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EMERSON, STEVEN  
6113 CANOPY OAKS COURT  
NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent

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 registered agent.

SIGNATURE Steven J. Emerson **Steven J. Emerson, President** **3/14/05**

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, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P EMERSON, STEVEN 6113 CANOPY OAKS COURT NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T EMERSON, MARY 6113 CANOPY OAKS COURT NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOODRICH, LINDA 6113 CANOPY OAKS COURT NEW PORT RICHEY, FL 34653</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven J. Emerson **Steven J. Emerson** **3/14/05** **721-243-7098**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #