


FILED
Sep 06, 2006 8:00 am
Secretary of State

05-05-2006 90166 039 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000062402					
1. Entity Name CAMPBELL'S DIVERSIFIED SERVICES, INC.					
Principal Place of Business 9720 BELVEDERE DRIVE SEFFNER, FL 33584 US			Mailing Address 9720 BELVEDERE DRIVE SEFFNER, FL 33584 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 593590790 APPLIED FOR	
				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 CAMPBELL, DORIS W 9720 BELVEDERE DRIVE SEFFNER, FL 33584				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, DORIS W		NAME		
STREET ADDRESS	9720 BELVEDERE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	SEFFNER, FL 33584		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, SHERI D.		NAME		
STREET ADDRESS	821 MARINE DRIVE NO 7		STREET ADDRESS		
CITY- ST- ZIP	GALVESTON, TX 77550		CITY- ST- ZIP		
TITLE	Secy	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Campbell, Lisa D.		NAME		
STREET ADDRESS	4743 Puritan Cir. Tampa, FL		STREET ADDRESS		
CITY- ST- ZIP	33617		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 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: Doris W. Campbell			8/22/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

66023815

**CAMPBELL'S DIVERSIFIED SERVICES
9720 BELVEDERE DRIVE
SEFFNER, FLORIDA 33584 US**

AUGUST 22, 2006

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

REFERENCE NUMBER: PO4000062402

FIN: 593590790

Dear Sir,

This letter is to explain the facts that occurred that caused the need for your office to send me your letter dated May 25, 2006.

In your letter, you notified me that a Federal ID number was missing from my Uniform Business Report and that I had 30 days to correct the report. At the time your letter was mailed to me, I was working out of the mainland United States at the University of the Virgin Islands, St Thomas, USVI from May 8-June 30, 2006. I was not available at my Florida address to receive the letter and did not receive any mail relating to my corporation until returning to Florida on June 30, 2006. Shortly, thereafter, I was hospitalized for major surgery in July 2006.

My UBR was filed timely and the fee of \$150.00 paid. I am respectfully requesting that you waive the \$400 penalty because I could not respond to your letter within the 30 day period.

I will be returning to the Virgin Islands on August 25, 2006, but will have someone personally check my mail for a response from your office.

Thank you for your consideration of this request.

Sincerely,

Doris W. Campbell

Doris W. Campbell, President
Campbell's Diversified Services, Inc.