2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062402

Address:

City-St-Zip:

4743 PURITAN CIR

TAMPA, FL 33617

ame: CAMPBELL'S DIVERSIFIED SERVICES. INC

FILED Apr 14, 2009 Secretary of State

Entity Nai	me: CAME	BELL'S DIVER	SIFIED SERVICES	INC.				
Current Principal Place of Business:				New Principal Place of Business:				
	/EDERE D , FL 33584							
Current Mailing Address:				New Mailing Address:				
	/EDERE D , FL 33584							
FEI Number:	: 59-3590790	FEI Numbe	er Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
9720 BEL\	L, DORIS \ /EDERE D , FL 33584	RIVE						
	named en e of Florida		statement for the p	urpose of changing it	s registere	d office or registered agent,	or both,	
SIGNATUR	RE:							
	Elec	tronic Signature	e of Registered Age	nt		Date		
Election Car	npaign Finar	ncing Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	9720 BELV	() Delete _, DORIS W EDERE DRIVE FL 33584 US		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete _, SHERI D VER DRIVE A, GA 30180 US		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	S/D CAMPBELI	() Delete		Title: Name:	S/D CAMPBELL	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

9720 BELVEDERE DRIVE

SEFFNER, FL 33584

SIGNATURE: DORIS W. CAMPBELL P/D 04/14/2009