2008 FOR PROFIT CORPORATION ANNUAL REPORT

		74111071								
1. Entity Nam	e	# P04000088	155		W.	- FIL	_ED			
CAMERON & ASSOCIATES, INC.						וי <i>דן</i> ץ (ו	08 MAY 2	7 PM 1: 33		
Principal Place of Business Mailing Address							SECRETAR	1 U STATE		
1501 WILLO V TALLAHASSE	WICK DR		-1501 WILLOW WICK DR - TALLAHASSEE, FL 32308				TALLAHASS	SEE, FLORIDA		
(a. 6)										
2. Principal Place of Business , No P.O. Box # 3. Mailing Address 260 Z R Aple Royal Suite, Apl. #, etc. Suite, Apl. #, etc.							BEI BIUN BUN BUN BUN BU		B1001 1 B01	
Julie, Opt. W. Bic.			Julie, Apr. 4, etc.			05272008	Chg-P	CR2E034 (12/06)		
Tallahassee, FIA.			Zip County			4. FEI Numb 86-111		N	ot Applicable	
3230	2303 County		32303 Le		ر لده	5. Certificate	of Status Desired	See Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
CAMERON, CHESTER M							ESTER M. (AMERON)			
1501 WILL	.ÓW WICK	(DR			Street Address (P.O. Box Number is Not Acceptable)					
Ca								. Zin Cor	le	
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										
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Adde								with s. 607.193(2)(b). I not receive the prior		
10.		OFFICERS AND O	DIRECTORS	11.			/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE	PST Delete 111					- 17	110	Change	☐ Addition	
NAME		N, CHESTER M		NAME	_	hester		EROY		
STREET ADDRESS CITY-ST-ZIP	l	LOW WICK DR			ST-ZIP	602 K	IPPI E	2/1- 37	303	
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43 I borobu	Certify that th	e information supplied with	this filing does not qualify t	or the exe	motions contain	ned in Chapter 11	9. Florida Statutes	I further certify that the	information	
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 receive nor trustee empowered by 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 atjachmany with an address, yith all other like empowered.										
changed, or on an attachment with an address, vility at other life empowered.										
SIGNATURE: Meller M. Cluster Signature and Typed or PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Sale Confirme Phone #										
										