



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000122444																																										
1. Entity Name HIGH MAINTENANCE CAMO, INC.																																										
Principal Place of Business 2742 LAKE GRASSMERE CIRCLE ZELLWOOD, FL 32798	Mailing Address 2742 LAKE GRASSMERE CIRCLE ZELLWOOD, FL 32798	 07172006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-1699640</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-1699640	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent STAHL, DARBIE L 2742 LAKE GRASSMERE CIRCLE ZELLWOOD, FL, FL 32798		DO NOT WRITE IN THIS SPACE																																								
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div style="text-align: right;">U00000572043 07/25/06-80014-009 150.00 <small>DATE</small></div></div>																																										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">P</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">STAHL, DARBIE</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">2742 LAKE GRASSMERE CIRCLE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">ZELLWOOD, FL 32798</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">VP</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">DIAL, ANGELA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">27654 CR 448A</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MOUNT DORA, FL 32757</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">T</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">PIPPIN, AMANDA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">17233 OPAL LANE</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">MOUNT DORA, FL 32757</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>			TITLE	P	NAME	STAHL, DARBIE	STREET ADDRESS	2742 LAKE GRASSMERE CIRCLE	CITY-ST-ZIP	ZELLWOOD, FL 32798	TITLE	VP	NAME	DIAL, ANGELA	STREET ADDRESS	27654 CR 448A	CITY-ST-ZIP	MOUNT DORA, FL 32757	TITLE	T	NAME	PIPPIN, AMANDA	STREET ADDRESS	17233 OPAL LANE	CITY-ST-ZIP	MOUNT DORA, FL 32757	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																										
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>Angela M. Dial</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;">July 19, 2006 352 449-9377 <small>Date Daytime Phone #</small></div></div>																																										