

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2007 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



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1699640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000729866
05/08/07-80057-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #