2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122444

Entity Name: HIGH MAINTENANCE CAMO, INC.

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2742 LAKE GRASSMERE CIRCLE 3678 CR 561 ZELLWOOD, FL 32798 SUITE B

TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

2742 LAKE GRASSMERE CIRCLE 3678 CR 561 ZELLWOOD, FL 32798 SUITE B

TAVARES, FL 32778

FEI Number: 20-1699640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAHL, DARBIE L
2742 LAKE GRASSMERE CIRCLE
ZELLWOOD ,FL ,FL 32798 US
STAHL, DARBIE L
3678 CR 561
SUITE B

ELLWOOD, FL, FL 32798 US SUITE B TAVARES, FL 32778 US

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.

SIGNATURE: DARBIE L. STAHL 08/25/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 STAHL, DARBIE
 Name:
 STAHL, DARBIE

 Address:
 2742 LAKE GRASSMERE CIRCLE
 Address:
 3678 CR 561 SUITE B

 City-St-Zip:
 ZELLWOOD, FL 32798
 City-St-Zip:
 TAVARES, FL 32778

Title: VP () Delete Title: VP (X) Change () Addition Name: DIAL, ANGELA Name: DIAL, ANGELA

 Name:
 DIAL, ANGELA
 Name:
 DIAL, ANGELA

 Address:
 27654 CR 448A
 Address:
 3678 CR 561 SUITE B

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 TAVARE, FL 32778

Title: T () Delete Title: T (X) Change () Addition

 Name:
 PIPPIN, AMANDA
 Name:
 PIPPIN, AMANDA

 Address:
 17233 OPAL LANE
 Address:
 3678 CR 561 SUITE B

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 TAVARES, FL 32778

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.

SIGNATURE: DARBIE L. STAHL P 08/25/2009