

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122705

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** VICTORIA JEAN CAMP, D.P.M., P.A.

**Current Principal Place of Business:**

1093 A1A BEACH BLVD  
PMB 235  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1093 A1A BEACH BLVD  
PMB 235  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 86-1114305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMP, VICTORIA DPM  
6425 PUTNAM ST  
ST. AUGUSTINE, FL 32080 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: CAMP, VICTORIA JEAN  
Address: 1093 A1A BEACH BLVD PMB 235  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** VICTORIA CAMP DPM

PST

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date