

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128577

FILED  
May 03, 2006  
Secretary of State

Entity Name: CAMPBELL SERVICES CORP

## Current Principal Place of Business:

1010 BILTMORE DR, NW  
WINTER HAVEN, FL 33881 US

## New Principal Place of Business:

## Current Mailing Address:

1010 BILTMORE DR, NW  
WINTER HAVEN, FL 33881 US

## New Mailing Address:

FEI Number: 20-1604496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, MARK C  
1010 BILTMORE DRIVE, NW  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

CAMPBELL, MICHELENE R  
1010 BILTMORE DRIVE, NW  
WINTER HAVEN, FL 33881 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: MICHELENE R CAMPBELL

05/03/2006

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:

Title: P ( ) Delete  
Name: CAMPBELL, MARK C  
Address: 1010 BILTMORE DR, NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T ( ) Delete  
Name: CAMPBELL, MICHELENE R  
Address: 1010 BILTMORE DR., NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: S ( ) Delete  
Name: NELSON, KARIN G  
Address: 112 AVENUE E, SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition  
Name: ROBERTS, ERIN J  
Address: 1480 36TH ST , NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KARIN G NELSON

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05/03/2006

Electronic Signature of Signing Officer or Director

Date