


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 031 ***150.00

DOCUMENT # P04000149475	
1. Entity Name HOWARD C. CAMPBELL, INC.	

Principal Place of Business 678 E BROADWAY STREET OVIEDO, FL 32765	Mailing Address 678 E BROADWAY STREET OVIEDO, FL 32765
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14012170

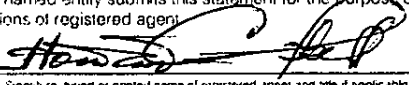
2. Principal Place of Business 904 BAY AVE Suite, Apt. #, etc. A	3. Mailing Address 904 BAY AVE Suite, Apt. #, etc.
City & State SANFORD FL	City & State SANFORD FL
Zip 32771	Country
Zip 32771	Country



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 77-0652762		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPBELL, HOWARD C 678 E BROADWAY STREET OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name HOWARD C CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 904 BAY AVE City SANFORD FL Zip Code 32771

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.

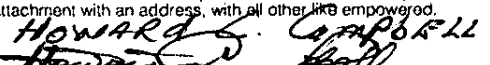
SIGNATURE:  DATE: **4/26/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPBELL, EVERTON 140 ORCHID WOOD CT DETONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVERTON CAMPBELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 904 BAY AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAMPBELL, LENOT 86-64 208TH ST APT 2E QUEENS VILLAGE, NY 11427 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAMPBELL LENOX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAMPBELL, HOWARD 678 E BROADWAY STREET OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HOWARD C CAMPBELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 904 BAY AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, CHRISTOPHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 904 BAY AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/26/05** DAYTIME PHONE: **407-321-6801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR