

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 009 ***158.75

DOCUMENT # P05000055336

1. Entity Name

CAMELOT CUSTOM BUILDERS, INC.



Principal Place of Business

12231 REED POND DR W
JACKSONVILLE FL 32223

Mailing Address

12231 REED POND DR W
JACKSONVILLE FL 32223

2. Principal Place of Business

8917 Western Way
Suite Apt. #, etc.
Suite 120

3. Mailing Address

P.O. Box 51392
Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

City & State

JACKSONVILLE BEACH FLA

Zip

32256

Country

USA

Zip

32240

Country

USA

4. FEI Number

25-1915169

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CRABTREE, RR
8777-SAN JOSE BLVD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PELKEY, JAMES L
STREET ADDRESS 120 ROSE ISLAND WAY #1407
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete
NAME PHELPS, NEEWA J
STREET ADDRESS 12231 REED POND DR W
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 MARSH COVE LN
CITY-ST-ZIP PONTE VEDRA BEACH FLA 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James L Pelkey* James L. Pelkey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-866-7364