


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 001 ***150.00

DOCUMENT # P05000096071	
1. Entity Name CAMPOOL, INC.	

Principal Place of Business 2354 CORTEZ ROAD JACKSONVILLE, FL 32246	Mailing Address 13170-58 ATLANTIC BLVD PO BOX 120 JACKSONVILLE, FL 32225
---	--

40085257



2. Principal Place of Business - No P.O. Box # 12651 Willow Springs Ct	3. Mailing Address 12651 Willow Springs Ct
Suite, Apt. #, etc. Jacksonville - FL	Suite, Apt. #, etc. Jacksonville - FL

04242007 Chg-P CR2E034 (12/06)

City & State 32246	City & State 32246
------------------------------	------------------------------

4. FEI Number 20-3115621	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 32246	Country	Zip 32246	Country
---------------------	---------	---------------------	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
CAMPOS, JOSE L 2354 CORTEZ ROAD JACKSONVILLE, FL 32246	
12651 Willow Springs Ct JACKSONVILLE - FL 32246	

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. (CHANGE ADDRESS ONLY)	
SIGNATURE Miriam Campos	DATE 4-25-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPOS, JOSE L 1715 HODGES BLVD #403 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPOS, MIRIAM 1715 HODGES BLVD #403 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CAMPOS, JOSE L 12651 WILLOW SPRINGS CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPOS, MIRIAM 12651 WILLOW SPRINGS CT JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Miriam Campos	DATE: 4-25-07 DAYTIME PHONE: (904) 803-8672