

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000101010

1. Entity Name
CAMPBELL'S MARINE SERVICE, INC.



Principal Place of Business
4459 IROQUOIS AVENUE
JACKSONVILLE, FL 32210

Mailing Address
PO BOX 93 ORLEGA STATION
JACKSONVILLE, FL 32210



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3915414	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAINER, DAVID S III
1200 RIVERPLACE BLVD SUITE 600
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000747531
05/17/07-80030-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, JAMES K
STREET ADDRESS	4459 IROQUOIS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	VP
NAME	CAMPBELL, TERESA B
STREET ADDRESS	4459 IROQUOIS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Teresa B Campbell
TERESA B. CAMPBELL

4-25-07

Date

904-384-3399

Daytime Phone #