2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P05000160009** 03-20-2008 90034 006 ***150.00 CAMPBELL INSURANCE INC. Mailing Address Principal Place of Business 50000511 11211 PROSPERITY FARMS RD - STE A-100 11211 PROSPERITY FARMS RD - STE A-100 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 5600 PGA BLV D 3. Mailing Address 5600 PGA BLUD CR2E034 (12/06) 01092008 Chg-P A100 Applied For 4. FEI Number Gardens, FL Not Applicable 20-3898735 \$8.75 Additional Palm Beach 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CAMPBELL, GREG Street Address (P.O. Box Number is Not Acceptable) 11211 PROSPERITY FARMS RD - STE A-100 PALM BEACH GARDENS, FL 33410 City Zip Code its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this st the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE TITLE n ☐ Detete CAMPBELL, GREG NAME NAME STREET ADDRESS 11211 PROSPERITY FARMS RD - STE A-100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: _

ULDODIA VOCES THE SAME SHEET

FILED

Mar 20, 2008 8:00 am

2007 FOR PROFIT CORPORATION ANNUAL REPORT FILED Mar 26, 2007 DOCUMENT# P05000160009 Secretary of State Entity Name: CAMPBELL INSURANCE INC. **Current Principal Place of Business:** New Principal Place of Business: 11211 PROSPERITY FARMS RD - STE A-100 PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 11211 PROSPERITY FARMS RD - STE A-100 PALM BEACH GARDENS, FL 33410 FEI Number: 20-3898735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: 5600 PGA BLUD SH. A100 CAMPBELL, GREG 11211 PROSPERITY FARMS RD - STE A-100 Palar Beach Gardens, FL 33418 PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Regis Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: Title: () Change () Addition CAMPBELL, GREG Name: Name: 11211 PROSPERITY FARMS RD - STE A-100 Address: Address:

City-St-Zip:

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: GREG CAMPBELL

City-St-Zip:

PALM BEACH GARDENS, FL 33410

PRES

03/26/2007