

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038467

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: CAMPBELL COMMERCIAL GROUP, INC.

## Current Principal Place of Business:

2640 GOLDEN GATE PARKWAY  
SUITE #102  
NAPLES, FL 34105 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX #771299  
NAPLES, FL 34107 US

## New Mailing Address:

701 SOUTH BRIDGE STREET  
CHARLEVOIX, MI 49720 US

FEI Number: 20-8862740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, DAVID L  
8420 EXCALIBUR CIRCLE  
UNIT R-7  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

CAMPBELL, DAVID L  
2640 GOLDEN GATE PARKWAY  
SUITE #102  
NAPLES, FL 34105 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: DAVID L CAMPBELL

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,T, ( ) Delete  
Name: CAMPBELL, DAVID L  
Address: 701 SOUTH BRIDGE STREET  
City-St-Zip: CHARLEVOIX, MI 49720 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID L CAMPBELL

P/T

01/13/2009

Electronic Signature of Signing Officer or Director

Date