


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90045 003 ***150.00

DOCUMENT # P06000074193 1. Entity Name CAMPBELL'S PAINTING & PRESSURE WASHING, INC					
Principal Place of Business 108 COLOGNE STREET INTERLACHEN, FL 32148			Mailing Address 108 COLOGNE STREET INTERLACHEN, FL 32148		
2. Principal Place of Business - No P.O. Box # 550 N. County Rd. 315 Suite, Apt. #, etc.		3. Mailing Address 550 N. County Rd. 315 Suite, Apt. #, etc.			
City & State Interlachen FL Zip 32148		City & State Interlachen FL Zip 32148		4. FEI Number 20-4941158	
Country U.S.A		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, BRYAN 108 COLOGNE STREET INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Campbell, Bryan Street Address (P.O. Box Number Not Acceptable) 550 N. County Rd. 315 City Interlachen FL Zip Code 32148	
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 Bryan Campbell Bryan L. Campbell 5-3-07 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAMPBELL, BRYAN 108 COLOGNE STREET INTERLACHEN, FL 32148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Campbell's Painting & Pressure Washing Inc. B.C. 550 N. County Rd. 315 Interlachen FL 32148 Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, BRYAN 550 N. County Rd. 315 Interlachen FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, BRYAN 550 N. County Rd. 315 Interlachen FL 32148	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.					
SIGNATURE: X Bryan Campbell Bryan L. Campbell 5-3-07 386-684-0208 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Deltate Florida *</small>					