

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 006 ***150.00

DOCUMENT # P06000091281

1. Entity Name
THIRSTY CAMEL, INC



40003221



Principal Place of Business
**7813 SR 100 EAST
KEYSTONE HEIGHTS, FL 32656 US**

Mailing Address
**222 SIX POND TRAIL
GREEN COVE SPRINGS, FL 32043 US**

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
7813 SR 100 EAST
Suite, Apt. #, etc.

City & State
KEYSTONE HEIGHTS, FL

Zip
32656

Country

4. FEI Number
20-5169700

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**YOUNG, DAVID C
222 SIX POND TRAIL
GREEN COVE SPRINGS, FL 32043**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7813 SR 100 EAST
City **KEYSTONE HEIGHTS** FL Zip Code **32656**

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 **David C. Young** **DAVID C. YOUNG** 1-19-07
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DAVID C 222 SIX POND TRAIL GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, THUY 222 SIX POND TRAIL GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE: **David C. Young** **DAVID C. YOUNG** 1-19-07 352-222-1635
Signature and typed or printed name of signing officer or director Date Daytime Phone #