


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093786			
1. Entity Name CAMPBELL & CAMPBELL BMT WHOLESALERS, INC.			
Principal Place of Business 7922 GRAND BLVD PORT RICHEY, FL 34668		Mailing Address 4051 CARLYLE LAKES BLVD PALM HARBOR, FL 34685	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7922 GRAND BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port Richey FL	
Zip	Country	Zip	Country
		34668	USA

FILED
Sep 29, 2008 8:00 A.M.
Secretary of State



07092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5209295		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAILEY, TIMOTHY J 4051 CARLYLE LAKES BLVD PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAILEY, TIMOTHY J 4051 CARLYLE LAKES BLVD PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ryan Dailey T 4051 Carlyle Lakes Blvd Palm Harbor, FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAILEY, MICHAEL J P O BOX 457 VERO BEACH, FL 32961 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136535649 10/01/08--01052--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONE, WILLIAM G 115 SHOREHAM RD SPARTANBURG, SC 29307 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy J Dailey Timothy J Dailey Pres. 7/9/08 727-842-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #