

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90001 030 \*\*\*150.00

**DOCUMENT # P06000125703**

1. Entity Name  
**ROGER CAMPOS FAUX DESIGN, INC.**



40132221



Principal Place of Business  
12691 MCGREGOR BLVD.  
SUITE 103  
FORT MYERS, FL 33919

Mailing Address  
12691 MCGREGOR BLVD.  
SUITE 103  
FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #  
12691 McGregor Blvd  
Suite, Apt. #, etc.  
Suite 103  
City & State  
Fort Myers FL  
Zip  
33919 Country  
Lee

3. Mailing Address  
518 SW 26th Ter  
Suite, Apt. #, etc.  
City & State  
Cape Coral FL  
Zip  
33914 Country  
Lee

08282007 Chg-P CR2E034 (12/06)

4. FEI Number  
38-3742559  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CAMPOS, ROGER O  
1621 RED CEDAR #12  
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent  
Name  
Campos, Roger O.  
Street Address (P.O. Box Number is Not Acceptable)  
518 SW  
26th terrace  
City  
Cape Coral FL Zip Code  
33914

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 DATE 9-10-07

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D CAMPOS, ROGER O  
1621 RED CEDAR #12  
FORT MYERS, FL 33907 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D Campos, Roger O. ☒ Change ☐ Addition  
518 SW 26th terrace  
Cape Coral FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-07