

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-08-2008 90033 004 ***150.00

DOCUMENT # P07000002680 1. Entity Name CHAMPION V, INC.					
Principal Place of Business 341 LAKE MAMIE DR DELAND FL 32724			Mailing Address 341 LAKE MAMIE DR DELAND FL 32724		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8253719 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For: ☐ Not Applicable	
6. Name and Address of Current Registered Agent REED, ROBERT E 341 LAKE MAMIE DR DELAND FL 32724				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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-STATE-ZIP	PST REED, ROBERT E 341 LAKE MAMIE DR DELAND FL 32724 ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Robert E. Reed</u> Robert E. Reed 1/31/08 386-738-7057 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					