

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000032153

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** CAMILLE S. WILLIAMS EVENT DESIGN, INC.

**Current Principal Place of Business:**

1612 JEAN LAFITTE DRIVE  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1208  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 56-2671435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DECKO, BERNARD P JR.  
201 VINTAGE BAY DRIVE #31  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

WILLIAMS, CAMILLE S  
1612 JEAN LAFITTE DRIVE  
BOCA GRANDE, FL 33921 US

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.

**SIGNATURE:** CAMILLE S. WILLIAMS

03/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, CAMILLE S  
**Address:** 1612 JEAN LAFITTE DRIVE  
**City-St-Zip:** BOCA GRANDE, FL 33921

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CAMILLE S. WILLIAMS

PD

03/05/2010

Electronic Signature of Signing Officer or Director

Date