


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 009 ***158.75

DOCUMENT # P07000052836					
1. Entity Name CAMPBELL BY THE SEA, INC.					
Principal Place of Business 226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986			Mailing Address 226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PSTD WILSON, FRANKLIN 2665 10TH COURT VERO BEACH, FL 32960		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	
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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: <i>Donna Wilson - Power of Attorney</i>			2-12-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P07000052836 1. Entity Name CAMPBELL BY THE SEA, INC.					
Principal Place of Business 226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986			Mailing Address 226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box # 222 S W Port St. Blvd		3. Mailing Address Suite, Apt. #, etc. UNIT 104			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 22 3963579	
Zip 34986		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, FRANKLIN 2665 10TH COURT VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Wilson FRANKLIN 226 SW Sandy Way Port St. Lucie, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					