## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # D07000053936



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

1. Entity Name CAMPBELL BY THE SEA, INC.						02-15-2008 9	-	***158		
Principal Place of Business Mailing Address				_	┥					
226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986 226 SW SANDY WAY, UNIT 25 PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986					i mantari en		1 BDIPI PHIS KERI	ININA ININ RI	illeri il isel	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			02052008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Numbe	er			oplied For ot Applicable		
Zip	Country Zip Cou		Coun	try	5. Certificate	of Status Desired		3.75 Ado e Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent		
SPIEGEL	& UTRERA, P.A.	·		Name			<u>-</u>			
	1840 SW 22ND ST. 4TH FLOOR			Street Address	s (P.O. Box Numb	er is Not Acceptable	)			
MIAMI, FL	33145									
				City			FL	Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or bo	th, in the State of Flo	rida. I am fan	niliar with,	and accept	
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	PSTD OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI				
TITLE NAME	- Delice		TITLE NAMI	- 1			L	_ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	<b>2665 10TH COURT</b> STR		4	ET ADDRESS -ST-ZIP						
TITLE	<u> </u>		TITLE					 ] Change	☐ Addition	
NAME Street adoress		NAA STR		E Et address						
CITY-ST-ZIP				-ST-ZIP						
TITLE NAME		☐ Delete	TITLE	<b>I</b>				] Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			_	-ST-ZIP		<del></del> -				
TITLE NAME		☐ Delete	NAMI	1			L	] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	¥		•	et address • St-zip						
TITLE		☐ Delete	TITLE					] Change	☐ Addition	
NAME Street address	1		NAMI STRE	ET ADDRESS					i	
CITY-ST-ZIP				-ST-ZIP						
TITLE Name	_ 33/10		TITLE	I .				] Change	☐ Addition	
STREET ADDRESS				ET ADORESS					ļ	
CITY-ST-ZIP	partify that the information summits = 1. 14	a this filles does not asset for		ST-ZIP		The late Co. As a second				
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: Mule Mules Signature and typed of printed pane of signing deficer or pirector and page Daylor Proper and Dayl										

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						ATTACHEME				
1. Entity Nam	MENT # P070000528	336			Λ	1 1 <b>7</b> 16-111				
			1000	a Indi						
226 SW SAN	te of Business Maiting Address  IDY WAY, UNIT 25 ICIE, FL 34986 PORT ST. LUCIE, FL 34986									
2 Oringinal D	toon of Business No. D.O. Boy #	2 Moiling Address			16	1025°C	118			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  922 8 W 10 + 8+ 8   W   Suite, Apt. #, etc.					02052008	Chu-R	,	 4 (12/06)	į	
OCity & State	UNIT 104					- Chg-r	OIZLOS		rollad For	
PORT S	St. Lucie, Fl. City & State				4. FEI Number 22 3	963579			plied For t Applicable	
34980		Zip	Country			of Status Desired	- F	8.75 Add ee Required		
	6. Name and Address of Current R		7. Name and 7	Address of New Re	gistered A	jent				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33145							T		
			City				FL	Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	or register	ed agent, or both	i, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/C	CHANGES TO OFFIC	CERS AND I	DIRECTORS	3 IN 11	
TITLE NAME	PSTD Delete TITLE			PST	D			Change Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP	WILSON, FRANKLIN         NAME           2665 10TH COURT         STREE           VERO BEACH, FL 32960         CITY-			220	SON FXA SON SU F St. Luc	andy w	1986			
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			······································		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Detete	TITLE					☐ Change	Addition	
NAME Street address City-St-27P			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip							
TITLE NAME		☐ Delete	TIFLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip							
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  Deta  Deta										