

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090292

FILED
Apr 19, 2009
Secretary of State

Entity Name: C&M CAMPBELL ENTERPRISES, INC.

Current Principal Place of Business:

355 SAINT ANDREWS BLVD.
NAPLES, FL 34113 US

New Principal Place of Business:

<UNUSED>
NAPLES, FL 34113 US

Current Mailing Address:

355 SAINT ANDREWS BLVD.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 26-3253616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN B
355 SAINT ANDREWS BLVD.
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: CAMPBELL, MARILYN B
Address: 355 SAINT ANDREWS BLVD.
City-St-Zip: NAPLES, FL 34113 US

Title: VP () Delete
Name: CAMPBELL, CHRISTOPHER
Address: 5231 23RD PLACE SW
City-St-Zip: NAPLES, FL 34116 US

Title: S () Delete
Name: CAMPBELL, CHRISTOPHER
Address: 5231 23RD PLACE SW
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAMPBELL, CHRISTOPHER
Address: 355 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113 US

Title: S (X) Change () Addition
Name: CAMPBELL, CHRISTOPHER
Address: 355 ST. ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN B. CAMPBELL

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date