



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000029967</b>			
1. Entity Name CAMPANA REALTY, INC.			
Principal Place of Business 855 S US #1 VERO BEACH, FL 32962		Mailing Address 855 S US #1 VERO BEACH, FL 32962	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02162005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0413627	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CAMPANA, JOSEPH A 1900 WINDWARD WAY VERO BEACH, FL 32963			<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CAMPANA, JOSEPH A 1900 WINDWARD WAY VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAMPANA, SUSAN 1900 WINDWARD WAY VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CAMPANA, JOSEPH G 1360 JONATHAN TRL VERO BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-18-05 772-867-6633 <small>Date Daytime Phone #</small>	