01/05/2008 22:50 3866159832 SHALETT

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90013 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000038752

1. Entity Name
CAMPGROUNDS UNLIMITED, INC.

Principal Place of Business	Mailing Address
200 W WISCONSIN AVE DELAND, FL 32720 US	71 GRIZZLY BEAR PATH ORMOND BEACH, FL 32174 US

01062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
71 Grizzly Bear Path	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach	City & State
Zip: 32174 Country: US	Zip Country

4. FEI Number: 59-3197824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, EUGENE R
71 GRIZZLY BEAR PATH
ORMOND BEACH, FL 32174

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 ______ Signature, typed or printed name of registered agent and title if applicable (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 Trust Fund Contribution. ☐ **$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	D COOK, EUGENE R 200 W WISCONXIN AVE DELAND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cook, Eugene R 71 Grizzly Bear Path Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, NORMA K 200 W WISCONSIN AVE DELAND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cook, Norma K 71 Grizzly Bear Path Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eugene R Cook 2/14/08 828-693-4018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #