

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054416

Entity Name: CAMPO INSURANCE AGENCY, INC.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

900 S FEDERAL HWY
SUITE 325
STUART, FL 34994

Current Mailing Address:

900 S FEDERAL HWY
SUITE 325
STUART, FL 34994

New Principal Place of Business:

3601 SE OCEAN BLVD.
SUITE 100
SEWALL'S POINT, FL 34996

New Mailing Address:

3601 SE OCEAN BLVD.
SUITE 100
SEWALL'S POINT, FL 34996

FEI Number: 59-3198706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPO, JAMES W
900 S FEDERAL HWY
SUITE 325
STUART, FL 34994 US

Name and Address of New Registered Agent:

CAMPO, JAMES W
3601 SE OCEAN BLVD.
SUITE 100
SEWALL'S POINT, FL 34996 US

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: JAMES CAMPO

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMPO, JAMES W
Address: 900 S FEDERAL HWY SUITE 325
City-St-Zip: STUART, FL

Title: VP () Delete
Name: RODRIGUEZ, MARTA
Address: 900 S FEDERAL HWY SUITE 325
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAMPO, JAMES W
Address: 3601 SE OCEAN BLVD., SUITE 100
City-St-Zip: SEWALL'S POINT, FL 34996

Title: VP (X) Change () Addition
Name: RODRIGUEZ, MARTA
Address: 3601 SE OCEAN BLVD., SUITE 100
City-St-Zip: SEWALL'S POINT, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES CAMPO

DP

03/26/2007

Electronic Signature of Signing Officer or Director

Date