2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000054801

1. Entity Name
CAMLIN HOME CORPORATION

FILED
04 MAY -7 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4520 4TH AVENUE E BRADENTON, FL 34208 US	4520 4TH AVENUE, E BRADENTON, FL 34208 US

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3890 EAST STATE RD 64	3890 EAST STATE RD 64
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34208 Country USA	Zip 34208 Country USA

4. FEI Number
65-0431143
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVITT, SANDY
2201 RINGLING BLVD.
SUITE 203
SRASOTA, FL 34237

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 KEATING, KENNETH D ~~4520 4TH AVE E.~~ BRADENTON, FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3890 EAST STATE RD 64
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEATING, BRENDA J ~~4520 4TH AVE. E.~~ BRADENTON, FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3890 EAST STATE RD 64
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900036528579 05/18/04--01006--002 **350.00
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 exemption stated in Section 119.07(3)(i), 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: Brenda Keating BRENDA J. KEATING 4/27/04 941-748-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #