

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000076064

1. Entity Name

CAMPBELL'S INCOME TAX SERVICE, INC.



Principal Place of Business

354 NE 167 ST
N MIAMI BEACH FL 33162

Mailing Address

354 NE 167 ST
N MIAMI BEACH FL 33162



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0449881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, UDELL C
15760 NE 15 CT
N MIAMI BEACH FL 33162

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CAMPBELL, UDELL C ☐ Delete
STREET ADDRESS 15760 NE 15 CT
CITY-ST-ZIP N MIAMI BEACH FL

TITLE DSV
NAME CAMPBELL, GENETA A ☐ Delete
STREET ADDRESS 15760 NE 15 CT
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D
NAME CAMPBELL, CLARENCE C ☐ Delete
STREET ADDRESS 15760 NE 15 CT
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE D
NAME CAMPBELL, NATASHA N ☐ Delete
STREET ADDRESS 15760 NE 15 CT
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE DV
NAME LEWIS, JUNA G ☐ Delete
STREET ADDRESS 15760 NE 15 CT
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000661982
CITY-ST-ZIP 03/20/07-80064-018 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: udell C. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-08-07-305-948-389