

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 022 ***158.75

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1. Entity Name
CAMCAD TECHNOLOGIES, INC.



Principal Place of Business
125 EXCELSIOR PKWY
STE 205
WINTER SPRINGS, FL 32708 US

Mailing Address
125 EXCELSIOR PKWY
STE 205
WINTER SPRINGS, FL 32708 US

54060464



07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3284488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKILLOP, DONLAD G
4121 LEAFY GLADE PLACE
CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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 oblig.

SIGNATURE

Signature, typed or printed name of registered agent

NOTE: Registered Agent signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

☒ Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKILLOP, DONALD G
STREET ADDRESS	4121 LEAFY GLADE PLACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	V
NAME	MCKILLOP, ALLISON W
STREET ADDRESS	4121 LEAFY GLADE PLACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-327-4975