## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State DOCUMENT # P95000041833 D J CAMCO CORPORATION Principal Place of Business Mailing Address 2426 DENNIS STREET 2426 DENNIS STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3314446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMERON, DENNIS J DO NOT WRITE 2426 DENNIS STREET JACKSONVILLE, FL 32204 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 obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000039[973] Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE CAMERON, DENNIS J NAME STREET ADDRESS 2426 DENNIS STREET CITY-ST-ZIP JACKSONVILLE, FL 32204 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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:

NAME. STREET ADDRESS City-St-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-0

Daytime Phone #