


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000042833</b> 1. Entity Name CAMO CLAN 2, INC.	
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Principal Place of Business LEWIS, LONGMAN & WALKER, P.A. 1700 PALM BEACH LAKES BLVD., STE. 1000 W. PALM BEACH, FL 33401 US	Mailing Address LEWIS, LONGMAN & WALKER, P.A. 1700 PALM BEACH LAKES BLVD., STE. 1000 W. PALM BEACH, FL 33401 US
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02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0595239	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DIFFENDERFER, ROBERT P  
LEWIS, LONGMAN & WALKER, P.A.  
1700 PALM BEACH LAKES BLVD., STE. 1000  
W. PALM BEACH, FL 33401

**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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOAGUE, ROBERT 1655 COUNTY RD. 189 JONESBORO, TX 765381110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEWIS, GEORGANN P 5703 HIGH FLYER ROAD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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03/07/05-80012-020 150.00

**DO NOT WRITE  
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:** Georgann P. Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/05 561-622-2461