2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P9600 1. Entity Name GREGORY CAMPBELL ENTE		
Principal Place of Business	Mailing Address	
551 SHORES DRIVE VERO BEACH, FL 32963	551 SHORES DRIVE VERO BEACH, FL 32963	



DO NOT WRITE IN THIS SPACE			04262004 4. FEI Numbe 59-337 5. Certificate		CR2E034 (10	Applied For Not Applicable 5 Additional equired		
Name and Address of Current Registered Agent						<u> </u>		
CAMPBELL, GREGORY 551 SHORES DRIVE VERO BEACH, FL 32963		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 it am familiar with, and accept the obligations of registered agent								
SIGNATURE								
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS							
NAME STREET ADDRESS CITY+ST-ZIP	D CAMPBELL, GREGORY S 551 SHORES DRIVE VERO BEACH, FL 32963		1993 1991 47147 7, 1987 94-190 9 92-020 150, 0 0					
TITLE NAME STREET ADDRESS GITY - ST - ZIP								
TITLE NAME STREET ADORESS CITY ST-ZIP				DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN ⁻	THIS SPA	ACE		
TITLE NAME STREET ADDRESS								

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:

CITY - ST-ZIP

NAME STREET ADDRESS GITY ST-ZIP