2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90107 022 ***150.00

### Susans #### Susans ### Susans #### Susans #### Susans ### Susa	DOCUMENT # P970000152 I. Entity Name CAMP WALTON VILLAGE DEVELOP!			0122	130.00
County 3.25 4 8 County 5. County 7. Name and Address of Straus Desired 8. Ref Boquised 7. Name and Address of New Registered Agent MYERS, SUSAN S 228 SE BROOKS STREET SUITE B FORT WALTON BEACH, FL 32548 5. The above reamed entity appliets in as statement for the purpose of changing its registered Agent or the collegiators of registered agent. FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee with the \$550.00 After May 1,	228 BROOKE ST. SE SUITE B FORT WALTON BEACH, FL 32548 US Principal Place of Business 65-C Brooks St.	228 BROOKS ST. SE SUITE B FORT WALTON BEACH, FL 3. Mailing Address			
Second S	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04132004 Chg-P	CR2E034 (10/03)
3.5.4 B. Kenne and Address of Current Registered Agent 3.5.4 B. Kenne and Address of Current Registered Agent 3.5.4 B. Kenne and Address of Current Registered Agent 3.5.4 B. Kenne and Address of Current Registered Agent 3.5.4 B. Kenne and Address of New Registered Agent 3.	201 A State Dalton Be Ach F2	City & State Feet Walton	leach FL	1	Applied For Not Applicable
Name and Address of Current Registered Agent	Zip Country		Country	5. Certificate of Status Desired	
MERS, SUSAN S 22 SE BROOKS STREET UITE B ORT WALTON BEACH, FL 32548 The above named onthy subfills my statement for the purpose of changing its registered office or registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered gent and the / statement for the purpose of changing its registered office or registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered gent and the / statement (profit registered agent, or both in the State of Portida. I am familiar with, and accept the obligations of registered gent and the / statement (profit registers when remaining) FILE NOWITH FEE IS \$150,00 FILE NOWITH FEE IS \$150,00 OFFICERS AND DIRECTORS SECTION OFFICERS AND DIRECTORS IN STATE ADDRESS Trust Fund Contribution. Deale MYERS, SUSAN S SIRET ADDRESS FOR WALTON BEACH, FL 32548 IN STATE Deale MYERS, SUSAN S FILE NOWES, SUSAN S SIRET ADDRESS FOR WALTON BEACH, FL 32548 DIV-ST-2P FOR WALTON BEACH, FL 32548 DIV-ST-2P FOR WALTON BEACH, FL 32548 DIV-ST-2P THE Deale MER ANDRESS DIV-ST-2P THE Deale MER ANDRESS DIV-ST-2P THE MARE MARE SIRET ADDRESS				7. Name and Address of New Reg	
The above named entity subfills the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registerial agent in the obligations of registerial agent in the state of Florida. I am familiar with, and access the obligations of registerial agent in the obligations of registerial agent in the obligations of registerial agent in the state of Florida. I am familiar with, and access the obligations of registerial agent in the obligations of registerial agent i	228 SE BROOKS STREET SUITE B		Street Addres		
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### PILE NOW!!! FEE IS \$150.00 ### After May 1, 2004 Fee will be \$550.00 ### OFFICERS AND DIRECTORS ### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ### Added Fee Fee Added Fee Will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### Added Fee Fee Added Fee Fee Added Fee Add	SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	tegistered Agent signature requi	ired when reinstating)	DATE
Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Dele	FILE NOW!!! FEF IS \$150.00			5.00 May Be dded to Fees	
MYERS, SUSAN S AND CITY-SI-72P FT WALTON BEACH, FL 32548 THE MYERS, SUSAN THE MYERS, SUS				ADDITIONS/CHANGES TO OFFIC	
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THE MAKE MA	AME MYERS, SUSAN REET ADDRESS 228 SE BROOKS STREET, SUITE	В	TITLE NAME STREET ADDRESS //	5-C BROOKS St	Ø Change □ Addition
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INME STREET ADDRESS CITY-ST-ZIP 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 cath; 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 changed, or on an attachment with an address, with all other like empowered.	JAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
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SIGNATURE, DUSANS, MYLLS SUSANS, MYLLS 4/19/04 \$50-664-5666	indicated on this report or supplemental report is to of the corporation or the receiver or trustee empoyers.	rue and accurate and that my vered to execute this report as	signature shall have the signature shall have the signature of the signatu	ne same legal effect as if made under oa 307, Florida Statutes; and that my name	ath; that I am an officer or director