

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050346

FILED
Apr 28, 2007
Secretary of State

Entity Name: DARRELL CAMPBELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

3765 AIRPORT ROAD
SUITE 101
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3765 AIRPORT ROAD
SUITE 101
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-3468024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
809 WALKERBILT RD. STE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, DARRELL
Address: 6618 STONEGATE DR.
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: CAMPBELL, JUDITH A
Address: 6618 STONEGATE DRIVE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL CAMPBELL

D

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date