

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050346

**FILED**  
**Feb 13, 2008**  
**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:**

TAX, ACCOUNTING&FINANCIAL ASSOCIATES,INC  
809 WALKERBILT RD. STE 5  
NAPLES, FL 34110 US

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:** JEFF LAMB

02/13/2008

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:** D (X) Change ( ) Addition  
**Name:** CAMPBELL, DARRELL  
**Address:** 2025 PAR DR  
**City-St-Zip:** NAPLES, FL 34120

**Title:** VP (X) Change ( ) Addition  
**Name:** CAMPBELL, JUDITH A  
**Address:** 2025 PAR DR  
**City-St-Zip:** NAPLES, FL 34120

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

02/13/2008

Electronic Signature of Signing Officer or Director

Date