

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056101

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: C.A.M.P.U.S. DEVELOPMENT GROUP, INCORPORATED

## Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S  
304  
ST. AUGUSTINE, FL 32080

## New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S  
304 A  
ST. AUGUSTINE, FL 32080

## Current Mailing Address:

1301 PLANTATION ISLAND DRIVE S  
304  
ST. AUGUSTINE, FL 32080

## New Mailing Address:

1301 PLANTATION ISLAND DRIVE S  
304 A  
ST. AUGUSTINE, FL 32080

FEI Number: 59-3455056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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: CEOP ( ) Delete  
Name: FORT, DAVID H  
Address: 7875 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: FORT-MOURO, MARIAH  
Address: 236 GULL CIRCLE  
City-St-Zip: SOUTH PONTE VEDRA BEACH, FL 32082

Title: ST (X) Delete  
Name: FORT, CLAUDIA  
Address: 7875 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: FORT, DAVID H  
Address: 7875 A1A S  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST (X) Change ( ) Addition  
Name: FORT, CLAUDIA  
Address: 7875 A1A S  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: CLAUDIA A. FORT

S/T

02/25/2008

Electronic Signature of Signing Officer or Director

Date