

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90186 020 ***150.00

DOCUMENT # P97000069608

1. Entity Name
CAMELOT PROPERTIES OF NORTHEAST FLORIDA, INC.



Principal Place of Business
13015 LOBLOLLY LANE
JACKSONVILLE, FL 32246

Mailing Address
13015 LOBLOLLY LANE
JACKSONVILLE, FL 32246



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3473595

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLATTER, ROBERT G
13015 LOBLOLLY LANE
JACKSONVILLE, FL 32246

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHLATTER, ROBERT G
STREET ADDRESS 13015 LOBLOLLY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SCHLATTER, RENEE W
STREET ADDRESS 13015 LABLOLLY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME CAVIN, JOHN J
STREET ADDRESS 13015 LOBLOLLY LN S.
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BAKER, STEPHANIE C
STREET ADDRESS 104 FIELD CREST CT
CITY-ST-ZIP HENDERSONVILLE, TN 37075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert Schlatter Robert Schlatter, Pres.

Date

Daytime Phone #

1-12-07 904-221-9037