

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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



D1152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3473595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHLATTER, ROBERT G
13015 LOBLOLLY LANE
JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

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

02/12/08-80066-021 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHLATTER, ROBERT G
STREET ADDRESS	13015 LOBLOLLY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	SCHLATTER, RENEE W
STREET ADDRESS	13015 LABLOLLY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	C
NAME	CAVIN, JOHN J
STREET ADDRESS	13015 LOBLOLLY LN S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	ST
NAME	BAKER, STEPHANIE C
STREET ADDRESS	104 FIELD CREST CT
CITY-ST-ZIP	HENDERSONVILLE, TN 37075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 G Schlatter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02/08