



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90028 029 \*\*\*150.00

<b>DOCUMENT # P97000076296</b> 1. Entity Name <b>CAMRIE ENTERPRISES, INC.</b>			
Principal Place of Business <b>2024 MERCERS FERNERY ROAD DELAND, FL 32720</b>		Mailing Address <b>2024 MERCERS FERNERY ROAD DELAND, FL 32720</b>	
2. Principal Place of Business - No P.O. Box # <b>4650 Links Village Dr</b> Suite, Apt. #, etc. <b>Unit B601</b> City & State <b>Ponce Inlet FL</b> Zip <b>32127</b>		3. Mailing Address <b>P.O. Box 1450</b> Suite, Apt. #, etc.  City & State <b>DeLand FL</b> Zip <b>32721-1450</b>	
		02052007    Chg-P    CR2E034 (12/06)	
			
		4. FEI Number <b>59-3476860</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERSON, ROBERT C 2024 MERCERS FERNERY ROAD DELAND, FL 32720</b>		7. Name and Address of New Registered Agent Name <b>Robert C. Roberson</b> Street Address (P.O. Box Number is Not Acceptable) <b>4650 Links Village Drive</b> <b>Unit B601</b> City <b>Ponce Inlet</b> <b>FL</b> Zip Code <b>32127</b>	
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 <u>Robert C Roberson</u> Date <u>2/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ROBERSON, ROBERT C 2024 MERCERS FERNERY ROAD DELAND, FL 32720	TITLE	P Robert C Roberson 4650 Links Village Dr, Unit B 601 Ponce Inlet, FL 32127
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, JOANNE M	NAME	Joanne M Roberson
STREET ADDRESS	2024 MERCERS FERNERY ROAD	STREET ADDRESS	4650 LINKS Village Dr, Unit B 601
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	Ponce Inlet, FL 32127
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Robert C Roberson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/6/07</u> Daytime Phone # <u>(386) 738-3808</u>	