


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90001 035 ***158.75

DOCUMENT # P98000084093	
1. Entity Name CAMDON VENTURES, INC.	

Principal Place of Business 11800 28TH ST. N. SAINT PETERSBURG, FL 33716 US	Mailing Address 11800 28TH ST. N. SAINT PETERSBURG, FL 33716 US
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2. Principal Place of Business 1562 Stormway Court Suite, Apt. #, etc.	3. Mailing Address 1562 Stormway Court Suite, Apt. #, etc.
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City & State APOPKA FL.	City & State APOPKA, FL
Zip 32712	Country USA



03162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CAMILLO, JOSEPH 11800 28TH ST. N. SAINT PETERSBURG, FL 33716	
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4. FEI Number 59-3666745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Joseph Camillo Street Address (P.O. Box Number is Not Acceptable) 1361 Curlew Rd. City Dunedin FL Zip Code 34698	

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 Joseph Camillo <small>Signature, type or printed name of registered agent and title if applicable.</small>	DATE 4/5/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMILLO, JOSEPH 11800 28TH ST. N. SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Joseph Camillo 1562 Stormway Court APOPKA, FL. 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
SIGNATURE: Joseph Camillo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/5/06 DAYTIME PHONE # 727-733-1965