## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000015778**

1. Entity Name DON CAMPBELL, INC.



**FILED** Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1305 VINETREE DR

PO BOX 2656

BRANDON, FL 33510 US

BRANDON, FL 33509



1 10-411-0-11-11		
01072008	No Chg-P	CR2E034 (11/05)

4. FEI Number 59-3567516

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYAL, LUCIUS M JR. 201 N. FRANKLIN ST **SUITE 2200 TAMPA, FL 33602** 

## 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ROBERT D 1305 VINETREE DR. BRANDON, FL 33510				U00000776656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/03/08-80033-008 158.75	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	·			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS						
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TITLE	خويو به سوب در <sup>مه</sup>	the grant of estate	~ ' 16 '-	Services of	Section 1995 Addition 1998	
NAME STREET ADDRESS CITY-ST-ZIP	en prominstration of the poor	•		••	· are	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained in Chapter 119, Florida Statutes. I further certify that the information is provided in the contained i						

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.