

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90043 047 ***150.00

DOCUMENT # P99000030566

1. Entity Name
CAMPBELL ENGINEERING, INC.



Principal Place of Business
1221 AIRPORT RD
#205
DESTIN, FL 32540

Mailing Address
112 SHADOW BAY DRIVE
PANAMA CITY BEACH, FL 32407

94022156

2. Principal Place of Business
1234 Airport Road
Suite, Apt. #, etc.
215

3. Mailing Address
8729 North Lagoon Dr
Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Panama City Beach, FL

Zip
32540

Country
USA

Zip
32408

Country
U.S.A

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3570226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, DAVID O
112 SHADOW BAY DRIVE
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8729 North Lagoon Drive
City PANAMA CITY BEACH FL Zip Code 32408

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 DAVID O. CAMPBELL

David O Campbell

02/26/04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAMPBELL, DAVID O
STREET ADDRESS 112 SHADOW BAY DR
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 ☐ Delete

TITLE ST
NAME CAMPBELL, JENNIFER L
STREET ADDRESS 112 SHADOW BAY DR
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8729 North Lagoon Drive
CITY-ST-ZIP Panama City Beach, FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8729 North Lagoon Drive
CITY-ST-ZIP Panama City Beach, FL 32408 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jennifer L Campbell

02/26/04

850-230-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #