


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000049655 1. Entity Name CAMPCO TITLE COMPANY |  |
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| Principal Place of Business 523 E. CENTRAL AVE WINTER HAVEN, FL 33880 | Mailing Address 523 E. CENTRAL AVE WINTER HAVEN, FL 33880 |
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01082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0923285 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CAMPBELL, D MICHAEL P.A. 523 E. CENTRAL AVENUE WINTER HAVEN, FL 33880 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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| | |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAMPBELL, D MICHAEL 523 E CENTRAL AVE WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST CAMPBELL, HELDI L 523 E CENTRAL AVE WINTER HAVEN, FL 33880 |
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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 any other like empowered.

SIGNATURE:  **D. Michael Campbell** 1/30/07 863 292-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #