## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 08, 2008 08:00 AN **DOCUMENT # P99000103490 Secretary of State** 1. Entity Name DEVIL'S ELBOW FISHING CAMP, INC. Principal Place of Business Mailing Address **7507 A1A SOUTH** 7507 A1A SOUTH SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 CR2E034 (11/05) 02062008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3614108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILES, KAREN DO NOT WRITE **7507 A1A SOUTH** ST. AUGUSTINE, FL 32086 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. Signature, typed or protect perse of registered agent and title of applicable (NOTE: Registered Agent signature regured when reinstating) 02/Ĭ9/Ŏ8~89ŎŎ2~001 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MILES, KAREN D NAME 7507 A1A SOUTH STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 TTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 visusee 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTO

2-6-08

904-461-887

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