

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S61864

1. **Company Name**
CAMERON REAL ESTATE SERVICES, INC.



Principal Place of Business

1250 N TAMiami TR
STE 101
NAPLES, FL 34102 US

Mailing Address

1250 N TAMiami TR
STE 101
NAPLES, FL 33940



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0267430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLICCK, THOMAS B
TRIDGEWOOD DR.
300
NAPLES, FL 34108

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IN THIS SPACE**

I, 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

U000000398210
01/30/06-80086-007 150.00

OFFICERS AND DIRECTORS

D
CAMERON, R. SCOTT
690 BANYAN CIR
NAPLES, FL

ADDRESS

ST-ZIP

ADDRESS

ST-ZIP

ADDRESS

ST-ZIP

ADDRESS

ST-ZIP

ADDRESS

ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #