· 2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S64658 ·

1. Entity Name
CAMELOT'S PERSONAL SERVICES COMPANY

Principal Place of Business	Mailing Address
13 FISHER ISLAND DRIVE	13 FISHER ISLAND DR
FISHER ISLAND, FL 33109 US	FISHER ISLAND, FL 33109 US

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0273723	Not Applicable

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

6. Name and Address of Current Registered Agent

TIPPETT, SUE
13 FISHER ISLAND DR.
FISHER ISLAND, FL 33109

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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

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	IIN0000387749 01/19/06-80051-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TIPPETT, SUSAN
STREET ADDRESS	770 NE 69 STREET, APT 7H
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Susan Tippett*   SUSAN TIPPETT   01/10/06   3055342070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #