

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90004 025 \*\*\*550.00

**DOCUMENT # V37898**

1. Entity Name

CAMPGROUND MEMBERSHIP OUTLET, INC.



Principal Place of Business

1011 US HWY 27  
CLERMONT FL 34711  
US

Mailing Address

1011 US HWY 27  
CLERMONT FL 34711  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number  
**59-3164552**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGUIRE, RITA  
1011 US HWY 27  
CLERMONT FL 34714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HOEL, CHAD  
CITY-ST-ZIP 1011 US HWY 27  
CLERMONT FL 34711

TITLE ☐ Delete  
NAME V  
STREET ADDRESS SCHULTHELS, MIKE  
CITY-ST-ZIP 1011 US HWY 27  
CLERMONT FL 34711

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS MCGUIRE, RITA  
CITY-ST-ZIP 1011 US HWY 27  
CLERMONT FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME Rita McGuire  
STREET ADDRESS 1011 US HWY 27  
CITY-ST-ZIP Clermont, FL 34714

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/08

352-242-0401