2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395947

Address:

City-St-Zip:

4613 ARLETTE CT

LAKE WORTH, FL

Entity Name: CAMPBELL PAINTING, INC.

FILED Mar 26, 2009 Secretary of State

		2217/11110, 1110.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	OMINO DRIVE RTH, FL 3346	7			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 20486 W PALM BCH, FL 334160486 US			P O BOX 847 FORT WHITE, FL 32038 US		
FEI Number	: 59-1383103	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
8188 PALC LAKE WO	L, THEODORI DMINO DRIVE RTH, FL 3346	7 US	ourpose of changing its registered o	ffice or registered agent or both	
	e of Florida.	submitted the statement for the p	or pose of onlying its registered of	moe or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CAMPBELL, TH 8188 PALOMIN LAKE WORTH,	O DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () CAMPBELL, LE 8188 PALOMIN LAKE WORTH,	O DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	T ()	Delete	Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEILANI S. CAMPBELL SVP 03/26/2009