

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J58096

FILED  
Feb 03, 2011  
Secretary of State

**Entity Name:** PARRAMORE'S CAMP, INC.

**Current Principal Place of Business:**

1675 S MOON ROAD  
ASTOR, FL 32102

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39  
ASTOR, FL 32102

**New Mailing Address:**

FEI Number: 59-2781877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURTCH, LORI E  
1675 S. MOON ROAD  
ASTOR, FL 32102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURTCH, LORI E  
Address: POST OFFICE BOX 342  
City-St-Zip: ASTOR, FL 32102

Title: VP  
Name: SAUTBINE, TROY L  
Address: POST OFFICE BOX 544  
City-St-Zip: ASTOR, FL 32102

Title: S,T  
Name: WELLER, REVA L  
Address: 1747 CAMP SOUTH MOON RD  
City-St-Zip: ASTOR, FL 32102

I hereby 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 all other like empowered.

SIGNATURE: LORI E. BURTCH

P

02/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date