

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000160172

1. Entity Name
CAMINO DEVELOPMENTS, INC.



Principal Place of Business
**9000 GLENLAKES BOULEVARD
BROOKSVILLE, FL 34613**

Mailing Address
**30 FLORAL PKWY
CONCORD, ONTARIO, CA 14-k4r1**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3907219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'LEARY, D MICHAEL
101 E KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000638144
02/27/07-80018-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEGASPERIS, ALFREDO
STREET ADDRESS	30 FLORAL PARKWAY CONCORD
CITY-ST-ZIP	CONCORD ONTARIO CANADA,
TITLE	D
NAME	DEGASPERIS, JIM V
STREET ADDRESS	30 FLORAL PARKWAY CONCORD
CITY-ST-ZIP	CONCORD ONTARIO CANADA,
TITLE	D
NAME	DEGASPERIS, ANTONIO
STREET ADDRESS	30 FLORAL PARKWAY CONCORD
CITY-ST-ZIP	CONCORD ONTARIO CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

JAN. 29/07
Date

(905) 669-5400
Daytime Phone #