
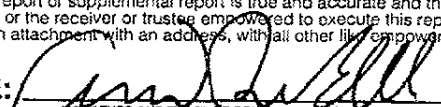


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J81432</b>			
1. Entity Name GRECO, DEBELLES, CAMERO, INC.			
Principal Place of Business 702 CARTER ROAD WINTER GARDEN, FL 34787 US		Mailing Address P.O. BOX 598 OCFEE, FL 34761-0598 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2824275	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GRECO, JOSEPH C 702 CARTER RD WINTER GARDEN, FL 34787		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees  U000000115358 04/16/04-80022-002 150.00
10. OFFICERS AND DIRECTORS			
TITLE	VD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DEBELLES, GERARD L.		
STREET ADDRESS	702 CARTER ROAD		
CITY-ST-ZIP	WINTER GARDEN, FL 34707		
TITLE	STD		
NAME	CAMERO, GERALD E.		
STREET ADDRESS	702 CARTER ROAD		
CITY-ST-ZIP	WINTER GARDEN, FL 34707		
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	GRECO, JOSEPH C.		
STREET ADDRESS	702 CARTER ROAD		
CITY-ST-ZIP	WINTER GARDEN, FL 34707		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: 		4/13/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	