


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90327 045 ***150.00

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| DOCUMENT # J81432 | |  | |
| 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 OCOEE, FL 34761-0598 US | |
| 2. Principal Place of Business - No P.O. Box # 89 E BAY ST Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State WINTER GARDEN FL | | City & State | |
| Zip 34787 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GRECO, JOSEPH C 702 CARTER RD WINTER GARDEN, FL 34787 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 89 E BAY ST City WINTER GARDEN FL Zip Code 34787 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEBELLES, GERARD L. 702 CARTER ROAD WINTER GARDEN, FL 34707 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 E BAY ST |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CAMERO, GERALD E. 702 CARTER ROAD WINTER GARDEN, FL 34707 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 E BAY ST |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRECO, JOSEPH C. 702 CARTER ROAD WINTER GARDEN, FL 34707 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 E BAY ST |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Gerard Debelles</i> | | Date: 4/22/08 | Daytime Phone #: 407-877-7344 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

