

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000024957

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** CAMERON & DECASTRO, P.A.

**Current Principal Place of Business:**

2431 ALOMA AVE.  
SUITE 107  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 622753  
OVIEDO, FL 32762 US

**New Mailing Address:**

**FEI Number:** 20-4371240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMERON, JASON A ESQUIRE  
2039 NOTWEN LANE  
OVIEDO, FL 32765 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: CAMERON, JASON A ESQUIRE  
Address: 2039 NOTWEN LANE  
City-St-Zip: OVIEDO, FL 32765 US

Title: T  
Name: DECASTRO, MARC D ESQUIRE  
Address: 2039 NOTWEN LANE  
City-St-Zip: OVIEDO, FL 32765 US

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: MARC D. DECASTRO, ESQUIRE

T

02/02/2011

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

\_\_\_\_\_  
Date