

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000031469

1. Entity Name  
GRECO, DEBELLES, CAMERO AIRPORT AUTO  
REFINISH, INC.



Principal Place of Business  
702 CARTER ROAD  
WINTER GARDEN, FL 34787

Mailing Address  
P O BOX 598  
OCFEE, FL 34761-0598



04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3188531

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRECO, JOSEPH C  
702 CARTER ROAD  
WINTER GARDEN, FL 34787

**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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GRECO, JOSEPH C  
STREET ADDRESS 702 CARTER ROAD  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D  
NAME DEBELLES, GERARD L  
STREET ADDRESS 702 CARTER ROAD  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D  
NAME CAMERO, GERALD E  
STREET ADDRESS 702 CARTER ROAD  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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04/12/04-80065-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #