

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000061949	
1. Entity Name CAMEO PROFESSIONALS, INC.	

Principal Place of Business 800 N HIGHLAND AVE 100 ORLANDO, FL 32803 US	Mailing Address 800 N HIGHLAND AVE 100 ORLANDO, FL 32803 US
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03152008 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3199682	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WARREN E 808 N HIGHLAND AVENUE ORLANDO, FL 32803
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLNER, DAVID M 800 N. HIGHLAND AVE., STE. 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKINNEY, JOE 800 N. HIGHLAND AVE., STE. 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLTON, MICHELLE C 800 N. HIGHLAND AVE., STE. 100 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEISNER, ERIC S 800 N HIGHLAND AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80021-016 150.00

**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: Michelle Carlton 5/22/06 407-297-1600
MICHELLE C. CARLTON _____ Date Daytime Phone #