


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043960 1. Entity Name CAMEO PROPERTIES, INC.	
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Principal Place of Business 32-C SE OSCEOLA STREET STUART, FL 34994 US	Mailing Address 32-C SE OSCEOLA STREET STUART, FL 34994 US
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0770584	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VITALE, STEVEN G 32-C SE OSCEOLA STREET STUART, FL 34994
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000145948 05/03/04-80047-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VITALE, STEVEN G 32-C SE OSCEOLA STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, JAMES R 5290 HIATUS RD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HANSEN, ELMER F 512 SWEET BAY CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: James R. Davis **4/29/04** **954-572-2821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #