## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000082673**

1. Entity Name

CAMEO DEVELOPMENT CORPORATION



FILED Mar 19, 2004 08:00 AM Secretary of State

Principal Place of Business

CENTROPLEX, 3600 N.W. 43RD STREET

SUITE C-1

GAINESVILLE, FL 32605

Mailing Address

3600 NW 43 ST

SUITE C-1

GAINESVILLE, FL 32606-8127



02022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3468662

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISSEL, WALDEMAR F JR. CENTROPLEX, 3600 N.W. 43RD STREET SUITE C-1 GAINESVILLE, FL 32606-8127

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose pregistered agent.	unil		_	oth, in the State of Florida. I am familiar with, and accept  3/18/67
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered /	Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Financ Trust Fund Contribution.</li> </ol>	ing 🛚	<b>\$5.00</b> May Be Added to Fees	U00000092782 03/19/04-80022-021 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISSEL, WALDEMAR F JR 3600 NW 43 ST., STE. C-1 GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSEL, MELVA M 3600 NW 43 ST., STE. C-1 GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Daytime Phone #