2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000082673

1. Entity Name

CAMEO DEVELOPMENT CORPORATION



Principal Place of Susiness

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

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90165 021 ***150.00

7 U V V -



DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number Apr

59-3468662

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	l 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 point of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
C.C. T. T. C. T. C.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	Р				
NAME	KISSEL, WALDEMAR F JR				
STREET ADDRESS	3600 NW 43 ST., STE. C-1				
CITY-ST-ZIP	GAINESVILLE, FL 32606				
TITLE	VP				
NAME	KISSEL, MELVA M				
STREET ADDRESS	3600 NW 43 ST., STE. C-1				
CITY-ST-ZIP	GAINESVILLE, FL 32606				
TITLE	, , , , , , , , , , , , , , , , , , , ,				
NAME					
STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
TITLE				INI	TINO ODAOE
NAME				IN	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY-ST-2!P					
TITLE					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFI

4/27/06

Daytime Phone #