

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90230 008 ***150.00

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1. Entity Name

GRECO, DEBELLES, CAMERO, CARSIA, FLORIDA, INC.



Principal Place of Business

702 CARTER ROAD
WINTER GARDEN, FL 34787

Mailing Address

P O BOX 598
OCOEE, FL 34761-0598

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3369752 59-3472879

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 D
NAME CARSIA, MICHAEL S
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

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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 #