## 2006 FOR PROFIT CORPORATION -ANNUAL REPORT

SIGNATURE: \_

	-ANNUAL I	REPORT		Ar	or 24, 20	006 08·00 AM
DOCUMENT # P97000087567  1. Entity Name GRECO, DEBELLES, CAMERO, CARSIA, FLORIDA, INC.				Apr 24, 2006 08:00 AM Secretary of State		
702 CARTER	ce of Business R ROAD RDEN, FL 34787	Mailing Address ———————————————————————————————————		1 INNIDAN (IN CA	TO SERIOS BROSE BROSE BROSE	##1##1 (##3) 1###1 #33# #33# #31  2## ##2    3##
				02202006	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-34728		Applied For Not Applicable 88.75 Additional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Reg			5. Certificate of	Status Desired	Fee Required
GRECO, JOSEPH C 702 CARTER ROAD WINTER GARDEN, FL 34787					NOT W HIS SP	(1) · 在 10 · 在
the obliga	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both,	In the State of Flor	rida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and t	itle if applicable (NOTE: Registere	ed Agent signature required	when reinstating)		OATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS			Control of the contro	on the Property of the Control of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, JOSEPH C 702 CARTER ROAD WINTER GARDEN, FL 34787		The second secon			00529623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBELLES, GERARED L 702 CARTER ROAD WINTER GARDEN, FL 34787					6-80084-002 150.0
TITLE HAME STPEET ADDRESS CITY-ST-ZIP	D CAMERO, GERALD E 702 CARTER ROAD WINTER GARDEN, FL 34787			DO I	VOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSIA, MICHAEL S 702 CARTER ROAD WINTER GARDEN, FL 34787		manner of the control of the second of the second of the control o	INT	HIS SP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			A LANGE OF THE PARTY OF THE PAR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					112	
	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower, or on an attechment with an address, with		emptions contained	In Chapter 119, F	Torlda Statutes, I is if made under of and that my name	further certify that the Information ath; that I am an officer or director appears in Block 10 or Block 11 if

**FILED**