


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V65683	
1. Entity Name GRECO, DEBELLES AND CAMERO MOTORS, INC.	

Principal Place of Business 702 CARTER ROAD WINTER GARDEN, FL 34787 US	Mailing Address P.O. BOX 598 OC00EE, FL 34761-0598
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3143785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VD DE BELLES, GERARD L. 702 CARTER ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, JOSEPH C. 702 CARTER ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMERO, GERALD E. 702 CARTER ROAD WINTER GARDEN, FL 34787
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**DO NOT WRITE
IN THIS SPACE**

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04/27/05-80072-023 150.00

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 my address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05
Date

Daytime Phone #