

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90473 019 \*\*\*150.00

**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  
OCFEE, FL 34761-0598**

**60043400**



02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3143785</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	DE BELLES, GERARD L.
STREET ADDRESS	702 CARTER ROAD
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	PD
NAME	GRECO, JOSEPH C.
STREET ADDRESS	702 CARTER ROAD
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	STD
NAME	CAMERO, GERALD E.
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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Gerard DeBelle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerard DeBelle*

*2/13/07 407-877-7344*  
Date Daytime Phone #