

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90008 047 ***150.00

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1. Entity Name

BELMARK LABEL INC.



Principal Place of Business

600 HERITAGE ROAD
 DEPERE WI 54115

Mailing Address

P.O. BOX 5310
 DEPERE WI 54115

40006554



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1283237**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, KARL
 10 BUNKER HILL ROAD
 PALM COAST FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>CEO President / CEO</i>	<input type="checkbox"/> Delete
NAME	SCHMIDT, KARL	
STREET ADDRESS	600 HERITAGE ROAD	
CITY-ST-ZIP	DEPERE WI 54115	
TITLE	<i>PT Chairman / Founder</i>	<input type="checkbox"/> Delete
NAME	BELL, BRUCE A	
STREET ADDRESS	600 HERITAGE ROAD	
CITY-ST-ZIP	DEPERE WI 54115	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELL, CAROL H	
STREET ADDRESS	600 HERITAGE ROAD	
CITY-ST-ZIP	DEPERE WI 54115	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHAEFER, ROBERT W	
STREET ADDRESS	600 HERITAGE ROAD	
CITY-ST-ZIP	DEPERE WI 54115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

920-336-2848

Daytime Phone #