


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003211**

1. Entity Name  
**BELAIR BUILDERS, INC.**



Principal Place of Business      Mailing Address

**2200 OLD HWY 8 NW**      **2200 OLD HWY 8 NW**  
**NEW BRIGHTON, MN 55112**      **NEW BRIGHTON, MN 55112**

**DO NOT WRITE IN THIS SPACE**



04062005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>41-0997613</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MURLOWSKI, MARK D**  
**1360 CAXAMBUS COURT**  
**MARCO ISLAND, FL 34145**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

**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	PC MURLOWSKI, MARK D 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MURLOWSKI, MICHAEL P 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STENGLEIN, JOHN E 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DABROWSKI, TRACY A 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000307266  
 04/15/05-80048-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tracy Dabrowski      Date: 4/6/05      Daytime Phone #: 651-786-1300

SIGNATURE OF REGISTERED AGENT OR AUTHORIZED REPRESENTATIVE FOR DIRECTOR

**TRACY DABROWSKI**