


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F05000005380 1. Entity Name BELLOT CONSTRUCTION CORP.	
--	---

FILED

06 MAY 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 16391 SW 48TH CIR. OCALA FL 34473	Mailing Address 16391 SW 48TH CIR. OCALA FL 34473
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/05)

City & State Zip Country	City & State Zip Country
--------------------------------------	--------------------------------------

4. FEI Number 94-3137213	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent BELLOT, LUMACK 16391 SW 48TH CIR. OCALA FL 34473	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 W 6203906 06/14/05 01040 017 **150.00 City FL Zip Code
--	---

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	BELLOT, LUMACK
STREET ADDRESS	16391 SW 48TH CIR.
CITY-ST-ZIP	OCALA FL 34473
TITLE	S <input type="checkbox"/> Delete
NAME	BOOKER, JOANNE
STREET ADDRESS	16391 SW 48TH CIR.
CITY-ST-ZIP	OCALA FL 34473
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

K. Eckel MAY 25 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joanne Booker Joanne Booker 4/22/06 325-307-4945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #