

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000109838

1. Entity Name
BELARO DESIGN GROUP, INC.



Principal Place of Business
**6370 NORTH U.S. 1
TALL PINES INDUSTRIAL PARK - BLDG. NO. 7
ST. AUGUSTINE, FL 32095**

Mailing Address
**6370 NORTH U.S. 1
TALL PINES INDUSTRIAL PARK - BLDG. NO. 7
ST. AUGUSTINE, FL 32095**



08242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755700

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKSON, LAURA
6370 NORTH U.S. 1
TALL PINES INDUSTRIAL PARK - BLDG. NO. 7
ST. AUGUSTINE, FL 32095**

**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 \$550.00
Due by September 7, 2005**

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 | P DICKSON, ROBERT PO BOX 3358 PONTE VEDRA BEACH, FL 32004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DICKSON, LAURA PO BOX 3358 PONTE VEDRA BEACH, FL 32004 |
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IN THIS SPACE**

08/26/05-80001-003 \$50.00

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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Dickson Robert Dickson

8/24/05

Date

904-825-1242

Daytime Phone #