


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V34067
 1. Entity Name
BELLAIR LANES INC.



Principal Place of Business Mailing Address
 2575 N ATLANTIC AVE 2575 N ATLANTIC AVE
 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3123264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GOODFELLOW, SHERRY
 2575 N ATLANTIC AVE
 DAYTONA BEACH, FL 32118

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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 name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	PD GOODFELLOW, JOHN I 35 SANDPIPER LN ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNIDER, WILLIAM W JR 403 FRANCES TERRACE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRISCH, MARIE 23 NOTTINGHAM DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODFELLOW, SHERRY 35 SANDPIPER LANE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/05-80061-001 150.00

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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)(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: *Sherry Goodfellow* 3-2-05 386.677.5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #