


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 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



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3123264 Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000543150
 05/10/06-80127-001 150.00

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 807, 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 **SHERRY GOODFELLOW** 4/25/06 386-677-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #