


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 221346 1. Entity Name BELLEVUE RIDGE ESTATES INC	
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Principal Place of Business 10308 SE HWY 441 P.O. BOX 337 BELLEVUE, FL 32620 US	Mailing Address 10308 SE HWY 441 P.O. BOX 337 BELLEVUE, FL 32620 US
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01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0872154	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**REEVES, WIN
10308 SE HWY 441
BELLEVUE, FL 34420**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, MAC 10308 SE HWY 441 BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REEVES, KATHY 10308 SE HWY 441 BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES, BETTY D 10308 SE HWY 441 BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO REEVES, WIN 10308 SE HWY 441 BELLEVUE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/16/06 0014-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:  **Win Reeves**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

352-245-2505