

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 221346

1. Entity Name
BELLEVIEW RIDGE ESTATES INC



Principal Place of Business

10308 SE HWY 441
P.O. BOX 337
BELLEVIEW, FL 32620 US

Mailing Address

10308 SE HWY 441
P.O. BOX 337
BELLEVIEW, FL 32620 US

FILED
Apr 24, 2007 08:00 AM
Secretary of State



03102007 No Chg-P CR2E034 (11/05)

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4. FEI Number

59-0872154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, WIN
10308 SE HWY 441
BELLEVIEW, FL 34420

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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 \$150.00
After May 1, 2007 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
BELLEVIEW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REEVES, KATHY
10308 SE HWY 441
BELLEVIEW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REEVES, BETTY D
10308 SE HWY 441
BELLEVIEW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
REEVES, WIN
10308 SE HWY 441
BELLEVIEW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000728080
05/07/07-80003-001 150.00

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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

4/22/07

352-245-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #