

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

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



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000886571
04/18/08-80063-012 150.00

10. OFFICERS AND DIRECTORS

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WIN REEVES

Date

Daytime Phone #

4-7-08 352-245-2505