

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 221346

FILED
Apr 14, 2009
Secretary of State

Entity Name: BELLEVIEW RIDGE ESTATES INC

Current Principal Place of Business:

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

New Principal Place of Business:

10308 SE HWY 441
BELLEVIEW, FL 34420 US

Current Mailing Address:

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

New Mailing Address:

10308 SE HWY 441
P.O. BOX 337
BELLEVIEW, FL 34421 US

FEI Number: 59-0872154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, WIN
10308 SE HWY 441
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REEVES, MAC
Address: 10308 SE HWY 441
City-St-Zip: BELLEVIEW, FL

Title: S () Delete
Name: REEVES, KATHY
Address: 10308 SE HWY 441
City-St-Zip: BELLEVIEW, FL

Title: D () Delete
Name: REEVES, BETTY D
Address: 10308 SE HWY 441
City-St-Zip: BELLEVIEW, FL

Title: PD () Delete
Name: REEVES, WIN
Address: 10308 SE HWY 441
City-St-Zip: BELLEVIEW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIN REEVES

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date