03-14-2008 09:08AM FROM-CROWE + T-244 P.005/008 F-684

FILED
Mar 17, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 240083

1. Entity Name
AL BELLOTTO INC.

Principal Place of Business	Mailing Address
2200 FAIRMOUNT AVENUE C/O AL BELLOTTO LAKELAND, FL 33803-3152	2200 FAIRMOUNT AVENUE C/O AL BELLOTTO LAKELAND, FL 33803-3152

DO NOT WRITE IN THIS SPACE

03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1086006
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELLOTTO, AL
2200 FAIRMOUNT AVENUE
LAKELAND, FL 33803

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELLOTTO, AL
STREET ADDRESS	2200 FAIRMOUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	ST
NAME	BELLOTTO, BETTY J
STREET ADDRESS	2200 FAIRMOUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VP
NAME	BELLOTTO, AL JR
STREET ADDRESS	2200 FAIRMOUNT AVE.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80036-013 158.75

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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 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: Al Bellotto Al Bellotto 3-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #