

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90034 026 ***150.00

DOCUMENT # 329625	
1. Entity Name BELMONT HOMES INC	

Principal Place of Business 2321 S RIDGEWOOD AVE EDGEWATER FL 32141 US	Mailing Address 2321 S RIDGEWOOD AVE EDGEWATER FL 32141 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1212427		Applied For
		Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CARDER, JAMES C SR 2117 S RIVERSIDE DR EDGEWATER FL 32141		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code

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.

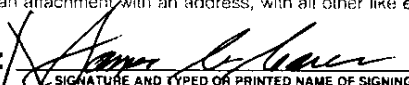
SIGNATURE _____
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDER, JAMES C. SR.	NAME	
STREET ADDRESS	2117 RIVERSIDE DR	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDER, ROSEMARY	NAME	
STREET ADDRESS	2117 RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CARDER, DALE B.	NAME	
STREET ADDRESS	2117 S RIVERSIDE DRIVE	STREET ADDRESS	1901 12th St.
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	Edgewater, Fl. 32132
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDER, JAMES C. JR.	NAME	
STREET ADDRESS	1305 ROYAL PALM DR	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3-21-08 386-427-9556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #