

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90032 011 ***150.00

DOCUMENT # 497012 1. Entity Name BELLE LEA ACRES, INC.					
Principal Place of Business 13407 S.E. HWY. 301 SUMMERFIELD, FL 32691			Mailing Address 12801 NE 130TH PL. FT. MC COY, FL 32134		
2. Principal Place of Business 6575 SE 135th ST.		3. Mailing Address 6575 SE 135th ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004 Chg-P CR2E034 (10/03)	
City & State Summerfield FL		City & State Summerfield FL		4. FEI Number 59-1897271	
Zip 34491		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONIGLIO, C. JOHN RT. 1, BOX 825 SUMMERFIELD, FL 32691				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	PD PLOCHARCZYK, C.S. 13407 S.E. HWY. 301 SUMMERFIELD, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLOCHARCZYK, C.S. 12801 NE 130th PL FT. MC COY, FL 32134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PLOCHARCZYK, JR. C 4940 HAYNES AVE INDIANAPOLIS, IN	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PLOCHARCZYK, JR. C 6575 SE 135th ST. Summerfield, FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAY, SUZANNE 2039 N.W. 102 TERRACE CORAL SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAY, SUZANNE 2039 N.W. 102 TERRACE CORAL SPRINGS, FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAY, PHILLIPS C., III P.O. BOX 3002 ST. AUGUSTINE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDITH C. PLOCHARCZYK 6575 SE 135th ST. Summerfield, FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAY, PHILLIPS C., III P.O. BOX 3002 ST. AUGUSTINE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDITH C. PLOCHARCZYK 6575 SE 135th ST. Summerfield, FL 34491	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAY, PHILLIPS C., III P.O. BOX 3002 ST. AUGUSTINE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDITH C. PLOCHARCZYK 6575 SE 135th ST. Summerfield, FL 34491	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Casimir S. Plocharczyk Jr.</i>			20 JAN. 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		