2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:0(
Secretary of Stat

DOCUMENT # 497012

1. Entity Name
BELLE LEA ACRES, INC.

Principal Place of Business	Mailing Address
6575 SE 135TH ST SUMMERFIELD, FL 32691	6575 SE 135TH ST SUMMERFIELD, FL 32691

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1897271
☐ Applied For
☐ Not Applicable

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

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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, 2006 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	PLOCHARCZYK, CASIMIR S JR.
STREET ADDRESS	6575 SE 135TH ST.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VD
NAME	PLOCHARCZYK, JUDITH C
STREET ADDRESS	6575 SE 135TH ST
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	DS
NAME	GAY, SUZANNE
STREET ADDRESS	2039 N.W 102 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	PLOCHARCYZK, JUDITH C
STREET ADDRESS	6575 SE 135TH ST
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Casimir S. Plocharczyk Sr. Casimir S. Plocharczyk Sr. March 9, 2006 352-347-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #