


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 497012 1. Entity Name BELLE LEA ACRES, INC.			
Principal Place of Business 6575 SE 135TH ST SUMMERFIELD, FL 32691		Mailing Address 6575 SE 135TH ST SUMMERFIELD, FL 32691	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CONIGLIO, C. JOHN RT. 1, BOX 825 SUMMERFIELD, FL 32691		DO NOT WRITE IN THIS SPACE	
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 re-electing) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		\$ 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
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	DO NOT WRITE IN THIS SPACE	
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	DO NOT WRITE IN THIS SPACE	
NAME	PLOCHARCZYK, JUDITH C		
STREET ADDRESS	6575 SE 135TH ST		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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>		352 347 2818	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	