

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 518282



1. Entity Name
BELDON, INC.

Principal Place of Business
420 S.E. 3RD AVE
S. BAY FL 33493

Mailing Address
420 S.E. 3RD AVE
S. BAY FL 33493



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1826295

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MAYO, DOLLIE
218 N.W. 2ND ST.
SOUTH BAY FL 33493

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD
NAME PETTRY, AARON
STREET ADDRESS 420 S.E. 3RD AVENUE
CITY- ST- ZIP SOUTH BAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000602013 ☐ Change ☐ Addition
01/26/07-80072-017 150.00

TITLE VTD
NAME MAYO, DOLLIE
STREET ADDRESS 218 N.W. 2ND ST.
CITY- ST- ZIP SOUTH BAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE S
NAME PETTRY, BERTHA
STREET ADDRESS 420 S.E. 34D AVENUE
CITY- ST- ZIP SOUTH BAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D
NAME MAYO, DOLLIE K.
STREET ADDRESS 218 2ND STREET
CITY- ST- ZIP SOUTH BAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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: *Bertha Pettry* *Bertha Pettry, Sec* 1-19-07 561-996-3289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #