

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 578214

1. Entity Name
BELVIEW PROPERTIES, INC.



Principal Place of Business

5997 28TH STREET, E.
P.O. BOX 10783
BRADENTON, FL 34282 US

Mailing Address

5997 28TH STREET, E.
P.O. BOX 10783, N/A
BRADENTON, FL 34282 US



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1938132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, JOHN R.
2831 RINGLING BLVD.
SUITE 204 B
SARASOTA, FL 34237

**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

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, 2005 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	ROBITAILLE, ANDRE
STREET ADDRESS	220 KINGS PT DRIVE
CITY- ST- ZIP	N MIAMI BEACH, FL
TITLE	TD
NAME	ROBITAILLE, ANIK
STREET ADDRESS	220 KINGS PT DRIVE
CITY- ST- ZIP	N MIAMI BEACH, FL
TITLE	SD
NAME	FLANAGAN, JOHN
STREET ADDRESS	2831 RINGLING BLVD
CITY- ST- ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100070246296
12/25/05-80160-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #