

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90002 011 \*\*\*550.00

**DOCUMENT # 694928**

1. Entity Name  
**BELLROSE REALTY, INC.**



Principal Place of Business

**1233 E HILLSBORO BLVD  
P O BOX NO C/O  
DEERFIELD BCH, FL 33441-4203**

Mailing Address

**1233 E HILLSBORO BLVD  
P O BOX NO C/O  
DEERFIELD BCH, FL 33441-4203**



07082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

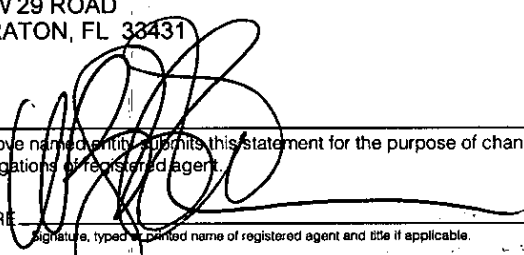
|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 4. FEI Number<br><b>59-2199489</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

6. Name and Address of Current Registered Agent

**CAMPBELL, WILLIAM B., III  
2054 NW 29 ROAD  
BOCA RATON, FL 33431**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MARTINSON, KIKU A  
2440 LOB LOLLY LN  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CAMPBELL, WM. B. III  
2054 NW 29 ROAD  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William B. Campbell, III**

Date

Daytime Phone #

**7/12/04 954-427-8720**