## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F9400003660

BELZ CONSTRUCTION CO., INC.

Principal Place of Business

5118 PARK AVE.

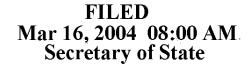
SUITE 327

MEMPHIS, TN 38117

Mailing Address

5118 PARK AVE.

SUITE 327 MEMPHIS, TN 38117





03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 62-1103189

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

## 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_	CT Corporation Syst	. e III applicable. (NOTE, Registered A	gent signatura	required when reinstating)	3/11/2004			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng []	\$5.00 May Be Added to Fees	U00000090011 03/16/04-80013-015 158.75			
10. OFFICERS AND DIRECTORS								
TITLE	₽							
NAME	BELZ, MARTIN S	Ī						
STREET ADDRESS	5118 PARK AVE.							
CITY-ST-ZIP	MEMPHIS, TN 38117							
TITLE	VD							
NAME	FLYNN, ERROL S	1						
STREET ADDRESS	5118 PARK AVE.	I						
City-St-Zip	MEMPHIS, TN 38117							
TITLE	ST							
NAME	WILLIAMS, JIMMIE	· · · · · · · · · · · · · · · · · · ·						
STREET ADDRESS				200	NOT MOITE			
CITY-ST-ZIP	MEMPHIS, TN 38103			טע	NOT WRITE			
TITLE	VP			INI	THIS SPACE			
NAME	BELZ, RON	1		11/4	I TIO STACE			
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400	1						
CITY-ST-ZIP	MEMPHIS, TN 38103							
TITLE					:			
NAME								
STREET ADDRESS								
CITY - ST - ZIP		1						

12. I hereby certify that the information supplied with this filling 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 another, with an appears in the empowered.

SIC	MI/	TI	10	ᇀ.

TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2004

(901)762-5490

Dale

Daytime Phone #