


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90016 043 ***158.75

DOCUMENT # G14126

1. Entity Name
BELLE TERRE BUILDERS, INC.



Principal Place of Business Mailing Address

**3315 HARBOR BLVD
 SUITE B
 PORT CHARLOTTE FL 33952** **PO BOX 496450
 PORT CHARLOTTE FL 33949**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

2540 VESSELS DR. **P.O. Box 496450**

City & State City & State

PORT CHARLOTTE **PORT CHARLOTTE**

Zip Country Zip Country

33980 **USA** **33949** **USA**

4. FEI Number Applied For

59-2246646 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSASCO, ROBERT
 3315 HARBOR BLVD
 SUITE B
 PORT CHARLOTTE FL 33952**

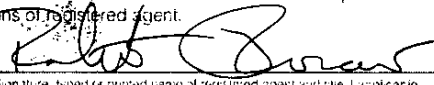
7. Name and Address of New Registered Agent

Name **ROSASCO ROBERT**

Street Address (P.O. Box Number is Not Acceptable) **2540 VESSELS DR.**

City **PORT CHARLOTTE** State **FL** Zip **33949**

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  **Pres. ROBERT ROSASCO 1-29-08**

Signature, typed or printed name of registered agent and title (if applicable). NOTE: Registered Agent signature required when reconstituting. DATE

FILE-NOW!!!-FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENFELD, CHARLENE	
STREET ADDRESS	24105 HARBORVIEW RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSASCO, ROBERT	
STREET ADDRESS	26162 RAMPART BLD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Robert Rosasco 1-29-08 (94)639-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #