

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90093 032 \*\*\*150.00

**DOCUMENT # G30774**

1. Entity Name  
**BELLAMY'S ELECTRIC, INC.**



Principal Place of Business  
**603 30TH ST E  
PALMETTO, FL 34221 US**

Mailing Address  
**C/O KEY INCOME TAX  
5500 MARINA DR STE 1  
HOLMES BEACH, FL 34217 US**

**40033493**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0397520**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HEROLD, WILLIAM M  
5500 MARINA DR STE 1  
HOLMES BEACH, FL 34217**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BELLAMY, LEROY  
STREET ADDRESS 603 30TH ST. E.  
CITY-ST-ZIP PALMETTO, FL 34220

TITLE DS  
NAME JENKINS, MARY  
STREET ADDRESS 2906 N OSPREY  
CITY-ST-ZIP SARASOTA, FL

TITLE D  
NAME BELLAMY, MARY LOIS  
STREET ADDRESS 603-30TH ST. E.  
CITY-ST-ZIP PALMETTO, FL

TITLE D  
NAME BELLAMY, LEROY, JR.  
STREET ADDRESS 319-22ND ST, W.  
CITY-ST-ZIP PALMETTO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 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:** \_\_\_\_\_

*Leroy Bellamy* **Leroy Bellamy** 03-08-07 729-2341  
Date Daytime Phone #