


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # G70323
 1. Entity Name
 R & R BELMAR ENTERPRISES, INC.



Principal Place of Business
 407 BAYVIEW PKWY
 NOKOMIS, FL 34275-3951

Mailing Address
 407 BAYVIEW PKWY
 NOKOMIS, FL 34275-3951

DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2360420 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DEFINA, RONALD E.
 407 BAYVIEW PWKY.
 NOKOMIS, FL 34275

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	DP DEFINA, RONALD 407 BAYVIEW PKWY NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEFINA, LINDA J 407 BAYVIEW PKWY NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000058583
 02/20/04-80044-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda J. Defina Date: 2/17/04 Daytime Phone #: 941-484-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. DEFINA