2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G70323

1. Entity Name
R & R BELMAR ENTERPRISES, INC.

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

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2360420	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

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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, 2005 Fee will be $550.00

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

U00000213872
02/03/05-80089-006 150.00

10.   OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/30/05   941-484-2757

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