


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**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**



02062008    No Chg-P    CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

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

U00000868064  
 04/08/08-30098-001 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:       **3/20/08**      **941-484-2757**

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