

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48469

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: BELLEVIEW UNDERGROUND, INC.

**Current Principal Place of Business:**

8670 E HWY 25  
P.O. BOX 729  
BELLEVIEW, FL 34421 US

**New Principal Place of Business:**

**Current Mailing Address:**

8670 E HWY 25  
P.O. BOX 729  
BELLEVIEW, FL 34421 US

**New Mailing Address:**

FEI Number: 59-2603991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAINEY, IKE  
5757 CITY ROAD 472  
OXFORD, FL 34484 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RAINEY, IKE,  
Address: 5757 CTY ROAD 472  
City-St-Zip: OXFORD, FL

Title: VS ( ) Delete  
Name: CIRACO, PETE  
Address: 15254 S.E. CR#475  
City-St-Zip: SUMMERFIELD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IKE RAINEY

PT

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date