

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 009 ***150.00

DOCUMENT # H55401 1. Entity Name BELGAR CONSTRUCTION COMPANY			
Principal Place of Business 123 N. INDUSTRIAL DR. SUITE E ORANGE CITY, FL 32763 US		Mailing Address P O BOX 741164 ORANGE CITY, FL 32774-164 US	
2. Principal Place of Business - No P.O. Box # 8465 NE 310th avenue Suite, Apt. #, etc.		3. Mailing Address 8465 NE 310th Avenue Suite, Apt. #, etc.	
City & State Salt Springs, Fl Zip 32134		City & State Salt Springs, Fl Zip 32134	
Country Marion		Country Marion	
4. FEI Number 59-2551710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEILSTEIN, JOHN J 8465 NE 310TH AVE FORT MC COY, FL 32134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u>John J Beilstein</u> JOHN J Beilstein M G M B 2/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEILSTEIN, JOHN 123 N INDUSTRIAL DR. SUITE E ORANGE CITY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John J Beilstein</u> JOHN J Beilstein M G M B 2/12/07 3526853458 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			