

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58430

FILED
Apr 07, 2005
Secretary of State

Entity Name: BELGRAVIA RESEARCH LIMITED, INC.

Current Principal Place of Business:

% ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

225 WATER STREET
11TH FLOOR
JACKSONVILLE, FL 32202 US

Current Mailing Address:

P. O. BOX 2080
FL0510
JACKSONVILLE, FL 322310010 US

New Mailing Address:

FEI Number: 59-2547813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: D () Delete
Name: MORRIS, MAX K
Address: 4990 VANDIVEER RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: NEWTON, RUSSELL B. JR.
Address: 111 RIVERSIDE AVE, SUITE 140
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: WALKER, BILLY J
Address: 225 WATER STREET, 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: WINSTON, JAMES H
Address: 601 II RIVERSIDE AVE STE-619
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MASON, RAYMOND K SR
Address: 2022 HEADRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: UIBLE, JOHN
Address: 225 WATER STREET, SUITE 840
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BILLY J. WALKER

TD

04/07/2005

Electronic Signature of Signing Officer or Director

Date