2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 8:00 am Secretary of State

2000	ANNUAL REPORT	
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1. Entity Nar	MENT # H94044 BELEC. CO., INC.				•		2008 9003′	7 010	130.00	
Principal Plac	ce of Business	Mailing Address			ANNE	3291				
Principal Place of Business 12455 TITAN RD PORT SAINT LUCIE, FL 34987 US		12455 TITAN RD PORT SAINT LUCIE, FL 34987 US					1 BYAN ANDYI BYETN AN	TSI DEBIL MIDIC MIL	I	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272008	Chg-P	CR2E	034 (12/06)		
City & Sta		City & State			4. FEI Numbe 59-261			No	pplied For ot Applicable	
Zip	Country		Country		5. Certificate of Status Desired Series Seri					
	6. Name and Address of Current F	(egistered Agent	Name		/. Name and	Address of Ne	w Registered	Agant		
WATERS, KENNETH E. 12455 TITAN RD				Street Address (P.O. Box Number is Not Acceptable)						
PORT SAI	INT LUCIE, FL 34987				·					
			City				FL	Zip Cod		
	named entity submits this statement for tions of registered agent.	the purpose of changing its rec	gistered office or	r registere	d agent, or bot	n, in the State of	i Florida. 1 am	tammar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signat	ure required w	rhen reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.0 Adde	May Be d to Fees					
10.	OFFICERS AND D	DIRECTORS	11,	1		CHANGES TO C	OFFICERS AND			
TITLE NAME STREET ADDRESS	PSD WATERS, KENNETH E. 12455 TITAN RD	☐ Delete	NAME STREET ADDRESS	1245	eth E W 5 Titan St. Lu	Rd.	34957	Change	XX Addition	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	1011	St. Lu	cie, ri	34937			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATERS, DEBRA S. 12455 TITAN RD PORT SAINT LUCIE, FL 34987	XX Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP					☐ Change	Addition	
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		-	**NAME STREET ADDRESS CITY-ST-ZIP				-		-	
TIJLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			· · · ·		☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
indicated	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that my s	ionature shall hi	ave the sa	me legal effect	as if made unde	er oath: that I a	m an officer	or director	