2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # H99145 1. Entity Name BELVEDERE INVESTMENTS, INC. Principal Place of Business Mailing Address 2234 RIVER ROAD JACKSONVILLE FL 32207 2234 RIVER ROAD JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2661314 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYER, LORI N Street Address (P.O. Box Number is Not Acceptable) 2234 RIVER ROAD JACKSONVILLE FL 32202 City Zip Code 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 Signature, typodici printed name of registered agent and title if applicable (FLOTE: Registered Agont a gnature requires when reinmaurig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PTDS** TITLE Delete TITLE ☐ Change ☐ Addition NAME BOYER, LORI N NAME U00000904102 2234 RIVER ROAD STREET ADDRESS STREET ADDRESS 04/30/08-80071-008 150.00 JACKSONVILLE FL CITY - ST- 712 City-ST-7iP TITLE ☐ Derete mn e ☐ Change Addition ELISON, GAYE NAME NAME STREET ADDRESS 2519 IROQUOIS AVENUE STREET ADDRESS CITY-ST-269 JACKSONVILLE FL 32210 City-ST-ZIP HILE Defete Change Addition MAME NEMEYER, TERRELL A. STREET ADDRESS 22-THIRD AVENUE STREET ADDRESS CITY-ST-ZIP BRANFORD CT CITY-ST-ZIP TITLE ☐ Delete TIRE Change ☐ Add:tion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.