


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90329 023 \*\*\*150.00

<b>DOCUMENT # J88545</b>					
1. Entity Name <b>BELMONT HOMES OF BREVARD COUNTY, INC.</b>					
Principal Place of Business <b>2321 S. RIDGEWOOD AVE. EDGEWATER FL 32141 US</b>			Mailing Address <b>2321 S. RIDGEWOOD AVE. EDGEWATER FL 32141 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2876474</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CARDER, JAMES C SR. 2321 S. RIDGEWOOD AVE. EDGEWATER FL 32141</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, JAMES C SR.		NAME		
STREET ADDRESS	2117 S. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, DALE B		NAME		
STREET ADDRESS	2117 S RIVERSIDE DR		STREET ADDRESS	314 Mariners Gate Dr., Edgewater, Fl	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	32141	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, ROSEMARY		NAME		
STREET ADDRESS	2117 S. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDER, JAMES C JR		NAME		
STREET ADDRESS	2122 WILLOW OAK		STREET ADDRESS	1305 Royal Palm Dr., Edgewater, Fl	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	32132	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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1st MOORE CR2E034 (10/04)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

386-427-9556

Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify 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 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.