2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L03312

1. Entity Name

BELLEVIEW ISLAND ROMAN TWO, INC.



FILED Feb 21, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

% GEORGE K RAHDERT 535 CENTRAL AVE ST PETERSBURG, FL 33701 % GEORGE K RAHDERT 535 CENTRAL AVE ST PETERSBURG, FL 33701



DO NOT WRITE IN THIS SPACE

01062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2963590

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHDERT, GEORGE K 535 CENTRAL AVE ST PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pullons of registered agent. | rpose of changing its registered of | fice or r | egistered agent, or bo | oth, in the State of Florida. I am familier with, and accept |
|---|--|--|-------------|--------------------------------|--|
| SIGNATURE. | | | | | OATE |
| | Signature, typed or printed name of registered agent and title if | applicable. [NUTE: Registered Agen | n elonaturi | e required when reinstating) | UATE |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-DP | PD RAHDERT, GEORGE K 535 CENTRAL AVE ST PETERSBURG, FL | | | | |
| TITLE NAME STREET ADDRESS GITY-SI-ZIP | | | | | 1000004430 5 5 03/04/06-80046-006 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | |

12. I hereby certify that the information supplied with this filling 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 the and acturate 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 attaching it with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 727 823-419

Daytor