2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2008 08:00 All Secretary of State **DOCUMENT # L03312** 1. Entity Name BELLEVIEW ISLAND ROMAN TWO, INC. Mailing Address Principal Place of Business % GEORGE K RAHDERT % GEORGE K RAHDERT 535 CENTRAL AVE 535 CENTRAL AVE ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2963590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAHDERT, GEORGE K 535 CENTRAL AVE ST PETERSBURG, FL 33701 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000879636 9. Election Campaign Financing \$5.00, May Be. FILE NOW!!! FEE IS \$150.00 04/45/08-80029-001 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITI F RAHDERT, GEORGE K NAME STREET ADDRESS 535 CENTRAL AVE ST PETERSBURG, FL CITY-ST-7(P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CJTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2iP TITLE NAME

12. I hereby certify that the information supplied with this fixing 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 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 received 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 available same legal effect as if made under oath, that I am an officer or director of the corporation or the received 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 available same legal effect as if made under cath, that I am an officer or director of the corporation or the received 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-08

(427)823-419

Daytime Phone #

FILED