

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90022 014 ***150.00

DOCUMENT # L36397 1. Entity Name GASTON BELLINI HOLDINGS, INC.			
Principal Place of Business % PAUL K. HEISTAND 221 SECOND AVE N ST PETERSBURG, FL 33701		Mailing Address % PAUL K. HEISTAND 221 SECOND AVE N ST PETERSBURG, FL 33701	
2. Principal Place of Business 40 PETER B. WELLS Suite, Apt. #, etc. 500 94TH AVENUE NORTH		3. Mailing Address 40 PETER B. WELLS Suite, Apt. #, etc. 500 94TH AVENUE NORTH	
City & State ST. PETERSBURG FLORIDA		City & State ST. PETERSBURG, FLORIDA	
Zip 33702-2406		Zip 33702-2406	
Country PINELLAS		Country PINELLAS	
4. FEI Number 59-2983515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEISTAND, PAUL K. 221 SECOND AVE N ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name PETER B. WELLS Street Address (P.O. Box Number is Not Acceptable) 500 94TH AVENUE NORTH City ST. PETERSBURG	
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.		DATE 2-10-04	
SIGNATURE <i>Peter B. Wells</i> PETER B. WELLS		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BELLINI, GASTON STREET ADDRESS 3338 BRISTAL PLACE CITY-ST-ZIP TARPON SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PST NAME BELLINI, GASTON STREET ADDRESS 3338 BRISTAL PLACE CITY-ST-ZIP TARPON SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME HEISTAND, PAUL K. STREET ADDRESS 221 SECOND AVE. N. CITY-ST-ZIP ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE V NAME PETER B. WELLS STREET ADDRESS 500 94TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33702-2406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>[Signature]</i> Bellini, PRESIDENT		x FEB. 10/04 x 727-578-1040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	