

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L61622

1. Entity Name
BELT & ASSOCIATES, INC.



Principal Place of Business

**1 FINANCIAL PLAZA
SUITE 2001
FT. LAUDERDALE, FL 33394 US**

Mailing Address

**1 FINANCIAL PLAZA
SUITE 2001
FT. LAUDERDALE, FL 33394 US**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0189587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E.
JOHNSON, ANSELMO, MURDOCH, BURKE & GEORGE
790 E. BROWARD BLVD, SUITE 400
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000423140
02/17/06-80045-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	BELT, A. J., III	
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 2001	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.J. Belt

01-25-2006

Date

Daytime Phone #

014) 523-2010