


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L87403	
1. Entity Name THE BELMONT DEVILLIERS HOUSING CORPORATION	

Principal Place of Business 302 N BARCELONA ST PENSACOLA, FL 32501	Mailing Address 302 N BARCELONA ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3024332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HORVATH, DANIEL R 302 N BARCELONA ST PENSACOLA, FL 32501
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORVATH, DANIEL R 302 N BARCELONA ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWNSEND, RONALD 1400 NORTH G ST PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD, WILLIAM 2550 N 15TH AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LESTER 517 W. STRONG STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

11000000041636
02/09/04-80096-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/4/04 <small>Date</small>	Daytime Phone # 888/595-6274 <small>Daytime Phone #</small>
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