


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90018 020 ***150.00

DOCUMENT # P00000028524					
1. Entity Name BELTWIDE, INC.					
Principal Place of Business			Mailing Address		
8870 N Himes Avenue			8870 N Himes Avenue		
Box 353			Box 353		
Tampa, FL 33614			Tampa, FL 33614		
2. Principal Place of Business			3. Mailing Address		
			8870 N Himes Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
			Box 353		
City & State			City & State		
			Tampa, FL		
Zip		Country		Country	
33614		USA		USA	
4. FEI Number				Applied For	
59-3639722				<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
<input type="checkbox"/>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIGLIANTI, CHARLES G			Name		
8639 N.HIMES AVE			Street Address (P.O. Box Number is Not Acceptable)		
#3209					
TAMPA, FL 33614			City		
			FL		
			Zip Code		
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 <u><i>Charles Miglianti</i></u> DATE <u>2/27/06</u>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIGLIANTI, CHARLES G		NAME		
STREET ADDRESS	8639 N.HIMES AVE.APT 3209		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIGLIANTI, CARMEN M		NAME		
STREET ADDRESS	8639 N.HIMES AVE.APT 3209		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
-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: <u><i>Charles Miglianti</i></u>			2/17/06 813-931-8884		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		