

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90340 001 \*\*\*450.00

**DOCUMENT # P00000084550**

1. Entity Name  
BELCOURT OF FLORIDA, INC.



Principal Place of Business  
1518 STICKNEY PT RD  
SARASOTA, FL 34231

Mailing Address  
P.O. BOX 5339  
SARASOTA, FL 34277

66014031



2. Principal Place of Business  
1526 Stickney Pt Rd.

3. Mailing Address  
Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. FEI Number  
65-1042828

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HASKINS, HARRY ESQ  
3400 S. TAMiami TRAIL, #201  
SARASOTA, FL 34239

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAPMAN, WAYNE D			NAME			
STREET ADDRESS	5922 CATTLEMAN LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, LYNN M			NAME			
STREET ADDRESS	5922 CATTLEMAN LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, KEITH F			NAME	Green, Keith F		
STREET ADDRESS	1518 STICKNEY PT RD			STREET ADDRESS	1526 Stickney Pt Rd		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	C	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECHOW, G.D.			NAME	Dechow, G. A		
STREET ADDRESS	1518 STICKNEY PT RD			STREET ADDRESS	1526 Stickney Pt Rd		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	SARASOTA, FL 34231		
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			
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 941-526-1666  
Date Daytime Phone #