2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State

DOCUMENT # P00000113228 1. Entity Name BELLE-AIRE PAINTING, INC.				02-17-2004 90032 027 ***150.00		
Principal Place of Business 1-1-22-N MAIN ST- STE-B > KISSIMMEE, FL-34744		Mailing Address -1122 N MAIN ST STE B KISSIMMFF, EL 34744			940172	24
2. Principal Pl		3. Mailing Address Sum Suite, Apt. #, etc.	e as		9402	
, Çity & State	te Al	City & State		02062004 Chg-P CF	R2E034 (10/03)	plied For
	immel :		Counts	59-3760657	No.	t Applicable
347	41 Osceola	Z!p	Country	5. Certificate of Status Desired	Fee Require	
GENOESE 1122 N MA STE-B KISSIMME	6. Name and Address of Current F S, JOSEPH NN ST 600 N E, FL 34744 SHC A	Thaden Aw :1 34741	Name Street Addres	7. Name and Address of New Register s (P.O. Box Number is Not Acceptable)	erea Agent	
€	K165	34741	City		FL Zip Cod	9
8. The above the obligati	named entity submits this statement for ions of registered agent. Signaure, typed or printed name of registered agent a		registered office or regis	tered agent, or both, in the State of Florida.	I am familiar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	~ ~ ~	5.00 May Be dded to Fees		
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GENOESE, JOHN 16384 S W 16TH STREET PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	,	<u> —</u> Спануе	LJ AUG BOII
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENOESE, JOSEPH 214 TARANTO WAY KISSIMMEE, FL 34758	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACK, CARLTON 1147 ROAN COURT KISSIMMEE, FL 34759	Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, GARY W 323 NORTH 10TH STREET DAVENPORT, FL 33837	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Add tion
12. I hereby of indicated of the corchanged,	THE STATE OF THE S	this filing does not qualify for true and accurate and that it weight a security that a control with all other like empowered that a control was a control with a control was a control with a control was a control with a control was a contro		Section 119.07(3)(i), Florida Statutes. I furth re same legal effect as if made under oath; t 507, Florida Statutes; and that my name app	er certify that the in hat I am an officer ears in Block 10 o	nformation or director Block 11 if