


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM  
Secretary of State

DOCUMENT # P01000007180 1. Entity Name BELLEAIR OAKS, INC.	
--	---

Principal Place of Business 1153 EDGEWATER CIRCLE BRADENTON, FL 34209	Mailing Address PO BOX 15057 BRADENTON, FL 34209
---	--

DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GOTTLIEB, LEON S 1153 EDGEWATER CIRCLE BRADENTON, FL 34209
---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOTTLIEB, RONDA Z 1153 EDGEWATER CIRCLE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GOTTLIEB, LEON S 1153 EDGEWATER CIRCLE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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

UD00000600381  
01/26/07-80007-012 150.00

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: Ronda Z. Gottlieb 1/14/07 (941) 795-8468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #