

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000110868	
1. Entity Name BELLAMY'S GAS, INC.	

Principal Place of Business 3413 GRAY WHETSTONE ST BRANDON FL 33511	Mailing Address P.O. BOX 6146 BRANDON FL 33508
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2. Principal Place of Business 3413 - Gray Whetstone St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6146 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Brandon FL 33511	City & State Brandon FL	4. FEI Number 74-3031793	Applied For ☐ Not Applicable
Zip 33511	Country Hillsborough	Zip 33508-6146	Country Hillsborough

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

6. Name and Address of Current Registered Agent BELLAMY, T B 3413 GRAY WHETSTONE ST BRANDON FL 33511
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	O ☐ Delete BELLAMY, T.B. 3413 GRAY WHETSTONE ST BRANDON FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 1100000444343 03/06/06-80046-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: T. B. Bell 2/20/06 813-651-135