## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000112683** 05-10-2004 90478 039 \*\*\*150.00 BELLEAIR MAINTENANCE, INC. Principal Place of Business **MIGGEOFF** Mailing Address 450 SEMINOLE BLVD. 1208 BAY DRIVE LARGO, FL 33770 BELLEAIR BEACH, FL 33786 2. Principal Place of Business 3. Mailing Address GOS KNALWOOD: Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) argo City & State City & State 4. FEI Number Applied For FL 01-0747301 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ MLE ☐ Delete TITLE Addition Change NAME TEGTMEIER, THOMAS N NAME 603 Knowwood Dr. STREET ADDRESS 1208 BAY DRIVE STREET ADDRESS CITY-ST-ZIP BELLEAIR BEACH, FL 33786 CITY-ST-ZIP VTSD TITLE ☐ Delete TITLE Change ☐ Addition TEGTMEIER, LINDA C NAME NAME STREET ADDRESS 1208 BAY DRIVE STREET ADDRESS 603 Knollwood Dr. CITY-ST-ZIP BELLEAIR BEACH, FL 33786 CITY-ST-ZIP 📆 🖂 Delete TITLE TITLE X Change Addition TEGTMEIER, THOMAS T NAME NAME STREET ADDRESS 1208 BAY DRIVE STREET ADDRESS CITY-ST-ZIP BELLEAIR BEACH, FL-33786 -- ---CITY-ST-ZIP" THE Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i); 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 agaddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

GNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/04 (727) 586-7580
Daylime Phone #

FILED May 10, 2004 8:00 am Secretary of State