

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019989

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: THE BELVEDERE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1633 S.E. 47TH TERRACE  
CAPE CORAL, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1633 S.E. 47TH TERRACE  
CAPE CORAL, FL

**New Mailing Address:**

FEI Number: 20-1062793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROLLINGS, HARVEY  
1633 S.E. 47TH TERRACE  
CAPE CORAL, FL US

**Name and Address of New Registered Agent:**

LETKE, JOSEPH  
18225 MORRIS AVENUE  
HOMWOOD, IL, FL 60430 US

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.

SIGNATURE: JOSEPH LETKE

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CIRRINCIONE, THOMAS  
Address: 1320 WEST ABINGTON CAMBS  
City-St-Zip: LAKE FOREST, IL 60045

Title: SD ( ) Delete  
Name: CIRRINCIONE, ROSE  
Address: 4656 OZANAM ROAD  
City-St-Zip: MORRIDGE, IL 60706

Title: TD ( ) Delete  
Name: CIRRINCIONE, SALVATORE  
Address: 13 SHORELINE DRIVE  
City-St-Zip: SOUTH BARRINGTON, IL 600015310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CIRRINCIONE

PD

02/07/2005

Electronic Signature of Signing Officer or Director

Date