## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

|   | Д  | NNUAL                                 | REPORT                   | FILED                    |                               |   |                 |                            |                           |
|---|--|---------------------------------------|--------------------------|--------------------------|-------------------------------|---|-----------------|----------------------------|---------------------------|
| DOCUMENT # P03000041652  1. Entity Name   |  |                                       |                          |                          |                               | Jan 28, 2004 08:00 AM<br>Secretary of State |                 |                            |                           |
| BELTRAC   | K, INC.  |                                       |                          |                          |                               |   | ctary o         | ı State                    |                           |
| Principal Place   | e of Busines:  | S                                     | Mailing Addre            | 988                      |                               | 4   |                 |                            | -                         |
| 1105 LITHIA<br>BRANDON F  |  | T ROAD                                | 1105 LITHIA<br>BRANDON F | PINECREST ROA<br>L 33511 | AD                            |   |                 |                            |                           |
| Principal Place of Business     3. Mailing Address  |  |                                       |                          |                          |                               |   |                 |                            |                           |
| Suite, Apt.   | #, etc.  |                                       | Suite, Apt #             | t, etc.                  |                               | MOORE                                       | CR2E034         | (11/03)                    |                           |
| City & State  | e  |                                       | City & State             | •                        | =                             | 4. FEI Number                               | , ,             | No                         | plied For<br>t Applicable |
| Zip   |  |                                       | Zip                      |                          |                               | 5. Certificate of Status Desi               | teu             | \$8.75 Add<br>Fee Required |                           |
|   | 6. Name  | and Address of Curre                  | ent Registered Agen      | <u>t</u>                 | Name                          | 7. Name and Address of N                    | lew Registered  | Agent                      |                           |
| UMBARGER, STUART W<br>1105 LITHIA PINECREST ROAD<br>BRANDON FL 33511  |  |                                       |                          |                          | Street Address (              | P.O. Box Number is Not Acce                 | ptable)         |                            |                           |
|   | INDON I  | L 30071                               |                          |                          | City                          |   |                 | Z <sub>ID</sub> Code       |                           |
| 8. The above  | named entit  | v submits this statemen               | t for the purpose of c   | hanging its register     | <u> </u>                      | red agent, or both, in the State            | of Florida, Lam | <u> </u>                   |                           |
| 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 it applicable, (NOTE, Registered Agent signature required when reinstating)  DATE  |  |                                       |                          |                          |                               |   |                 |                            |                           |
| FILE NOW!!! FEE (S \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be   |  |                                       |                          |                          |                               |   |                 |                            |                           |
|   |  | Florida Departmen                     |                          |                          |                               | Trust Fund Contr                            | ibution.        | J Added                    | to Fees                   |
| 10.   | PT   | OFFICERS A                            | ND DIRECTORS             | 11.                      | 1                             | ADDITIONS/CHANGES TO                        | OFFICERS AND    |                            |                           |
| NAME  | UMBARGE  | R, STUART W                           |                          | Delete TITL              |                               | , <u>n</u> ōoōoc                            | Q16500          | ☐ Change                   | Addition                  |
| STREET ADDRESS<br>CITY-ST-ZIP   | ADDRESS 1105 LITHIA PINECREST ROAD s  - ZIP BRANDON FL 33511 c |                                       |                          |                          |                               | U00000016500<br>01/28/04-80057-016 150.00   |                 |                            | -                         |
| TITLE   |  |                                       |                          | Delete TITE              |                               |   |                 | ☐ Change                   | ☐ Addition                |
| NAME<br>STREET ADDRESS  |  |                                       |                          | NAM<br>STR               | ret address                   |   |                 |                            |                           |
| CITY-ST-ZIP   |  |                                       |                          |                          | ( · ST - ZIP                  |   |                 |                            |                           |
| TITLE<br>NAME   |  |                                       | Ц                        | Delete TITL              | 1                             |   |                 | Change                     | ☐ Addition                |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       |                          |                          | EET ADDRESS<br>(-ST-ZIP       |   |                 |                            |                           |
| TITLE   |  | · · · · · · · · · · · · · · · · · · · |                          | Delete TITL              | E                             |   |                 | Change                     | Addition                  |
| NAME<br>STREET ADDRESS  |  |                                       |                          | nan<br>Str               | re<br>Eet address             |   |                 |                            |                           |
| CITY-ST-ZIP   |  |                                       | ····                     | CITY                     | r-st-zip                      |   |                 |                            |                           |
| TITLE<br>NAME   |  |                                       |                          | Delete IIIL              |                               |   |                 | ☐ Change                   | ☐ Addition                |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       |                          |                          | EET ADDRESS<br>1-ST-ZIP       |   |                 |                            |                           |
| TITLE   |  |                                       |                          | Delete TITL              |                               |   |                 | ☐ Change                   | Addition                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       |                          |                          | AL<br>EET ADDRESS<br>7-ST-ZIP |   |                 |                            |                           |
| 12. I hereby certify that the information supplied with this filing 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 attackment with an address, with all other like empowered. |  |                                       |                          |                          |                               |   |                 |                            |                           |
| SIGNATURE: / that W. Sander STUART W. UMBARGET 1/22/04 813/685-4852   |  |                                       |                          |                          |                               |   |                 |                            |                           |
| J   | A  | SIGNATURE AND TYPED                   | OR PRINTED NAME OF SIGI  | NING OFFICER OR DIREC    | TOR                           | Date  | 7 0             | aytime Phone #             |                           |