## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## Aug 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000073132** 1. Entity Name 08-05-2004 90008 011 \*\*\*150.00 BELCHER CENTER INC. Principal Place of Business Mailing Address 12600 S BELCHER ROAD 12600 S BELCHER ROAD M¥COlox~ 106B 106B LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 07272004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For 20-006885 Not Applicable Zip Country 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 verstein SILVERSTEIN, MURRAY B Steet Address (P.O. Box Number is Not Acceptable) SOUTH TIZE ST DIANK BANK OF AMERICA TOWER ONE PROGRESS PLAZA SUITE 2200 ST. PETERSBURG, FL 33701 LVRNUL LUYTH 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 the obligations of registered agent. 8-2-04 MURAGO B. EILWAGTERU, P.A. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPSD** TITLE Delete TITLE ☐ Change ■ Addition NAME GEIGER, WILLIAM Z JR NAME 12600 S. BELCHER ROAD 106-B STREET ADDRESS STREET ADDRESS CITY-SI-ZIP LARGO, FL 33773 CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GEIGER, CONNIE STREET ADDRESS 12600 S. BELCHER ROAD 106-B STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 CITY-ST-ZIP CITY-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 as 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 of 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

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