

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90092 013 ***158.75

DOCUMENT # P03000087680

1. Entity Name
BELLE RIVE MANAGEMENT, INC.



Principal Place of Business
**301 N. BAKER ST., #212
MOUNT DORA, FL 32757**

Mailing Address
**301 N. BAKER ST., #212
MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0150589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COE, ERIC H
420 NORTH BLVD EAST 301 N Baker St, #212
LEESBURG, FL 34748 Mount Dora, FL 32757

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MGR
NAME	BELLE RIVE MGMT., INC.
STREET ADDRESS	301 N. BAKER ST., #212
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

Date

352-728-4815

Daytime Phone #