


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90011 004 \*\*\*150.00

<b>DOCUMENT # P03000146161</b> 1. Entity Name <b>RUSS BELLINGER CONSTRUCTION INC.</b>					
Principal Place of Business <b>11208 HUTCHINSON BLVD BOS 188 PANAMA CITY BEACH, FL 32407</b>			Mailing Address <b>11208 HUTCHINSON BLVD BOS 188 PANAMA CITY BEACH, FL 32407</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07212004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-D661219</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>A1A-REGISTERED AGENT, INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELLINGER, RUSS</b> <b>11208 HUTCHINSON BLVD BOX 188</b> <b>PANAMA CITY BEACH, FL 32407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BELLINGER, BESSIE R</b> <b>11208 HUTCHINSON BLVD BOX 188</b> <b>PANAMA CITY BEACH, FL 32407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 attachment with an address, with all other like empowered.					
<b>SIGNATURE: Russ Bellinger</b> <b>Russ Bellinger</b> <b>7-27-4 850 276-6670</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

66431694

# P03000146161

To whom it may concern,

With regards to Russ Bellinger Construction Inc., I, Russ Bellinger, received only one notice for my Annual Report. I was told by your department to include this letter with payment and that the penalty fee would be waived.

Thank you,

Russ Bellinger

*Russ Bellinger*



*Attachment*  
~~XXXXXXXXXXXX~~ 66431694  
**Division of Corporations**

**Annual Report**

**Payment Page**

Document Tracking # - 500038963915

For

Corporate Annual Report # - P03000146161

**The charge amount for your filing is \$150.00.**

**Payment**

**If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.**

**When you receive your final acknowledgement, your document will be processed within 48 hours.**

**When your document is filed, we will mail any requested documents to the return address listed on the form.**

**Please select one of the payment options listed below.**

*money*  
*Sent* ~~Order #~~ 5323188327

**Credit Card Payment**

*July 9th 2004*

**If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.**

Sunbiz E-file account number

Password

E-mail Address

**Sunbiz E-file Account Payment**

**Reset**

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