


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90086 003 \*\*\*150.00

DOCUMENT # P04000080979			
1. Entity Name BELVEDERE FARMS, INC.			
Principal Place of Business 6480 NW HWY 27 OCALA, FL 34482		Mailing Address 6480 NW HWY 27 OCALA, FL 34482	
2. Principal Place of Business 13000 NW 90 Ave Suite, Apt. #, etc.		3. Mailing Address 13000 NW 90 Ave Suite, Apt. #, etc.	
City & State Reddick FL		City & State Reddick FL	
Zip 32686	Country USA	Zip 32686	Country USA
6. Name and Address of Current Registered Agent GANTT, REGAN CPA 8220 SUNSET DRIVE MIAMI, FL 33143		4. FEI Number 20 1112252	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Julia Braswell	
		Street Address (P.O. Box Number is Not Acceptable)	
		13000 NW 90 Ave	
		City Reddick FL	Zip Code 32686
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: <i>Julie Braswell</i>		DATE: 3/10/05	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWQELL, JULIA 6480 NW HWY 27 OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Julia Braswell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13000 NW 90 Ave Reddick FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWQELL, ANNE 9855 SW 90 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Braswell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9855 SW 90 Ave Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
SIGNATURE: <i>Julie Braswell</i>		DATE: 3/10/05 352 732 3338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	