

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90297 035 \*\*\*150.00

**DOCUMENT # P04000110269**

1. Entity Name  
**ROBERT BELLOR, INC.**



Principal Place of Business  
**331 DAYTONA AVE  
HOLLY HILL, FL 32119**

Mailing Address  
**331 DAYTONA AVE  
HOLLY HILL, FL 32119**

**50011540**



2. Principal Place of Business  
**772 N. Beach St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**772 N. Beach St.**  
Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State  
**Ormond Bch FL**  
Zip  
**32174** Country  
**USA**

City & State  
**Ormond Bch FL**  
Zip  
**32174** Country  
**USA**

4. FEI Number  
**20-1540140** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FOTHERINGHAM, JOY  
226 MCINTOSH RD  
ORMOND BEACH, FL 32174-5517**

7. Name and Address of New Registered Agent

Name  
**Robert F. Bellor Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**772 N. Beach St.**

City  
**Ormond Bch FL** Zip Code  
**32174**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELLOR, ROBERT  
331 DAYTONA AVE  
HOLLY HILL, FL 32119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/06 3862351034**  
Date Daytime Phone #