

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 14, 2005 8:00 am
Secretary of State

03-18-2005 90058 031 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000121997			
1. Entity Name BELDEN SERVICES INC			
Principal Place of Business CLEARVIEW AUTO BODY 950 NE 16TH STREET OCALA, FL 34470 US		Mailing Address CLEARVIEW AUTO BODY 950 NE 16TH STREET OCALA, FL 34470 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1530930		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELDEN, DENNIS C 950 NE 16TH STREET OCALA, FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 2/22/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-nesting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P BELDEN, DENNIS C 1503 RUST STREET EAU CLAIRE, WI 54701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Belden, Marlan 2901 S. Highway Street Ocala, FL 34474 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELDEN, SHERRIE L 1503 RUST STREET EAU CLAIRE, WI 54701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Belden Sherrie 1503 Rust St Eau Claire WI 54701 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BELDEN, DENNIS C 1503 RUST STREET EAU CLAIRE, WI 54701 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 attached sheet with an address with all other like empowered.			
SIGNATURE: 		Date 2/22/05 (352) 732-3383	