2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121997

Entity Name: BELDEN SERVICES INC

City-St-Zip:

OCALA, FL 34474

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: CLEARVIEW AUTO BODY 950 NE 16TH STREET OCALA, FL 34470 **New Mailing Address: Current Mailing Address: CLEARVIEW AUTO BODY** 950 NE 16TH STREET OCALA, FL 34470 FEI Number: 20-1530930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELDEN, DENNIS C 950 NE 16TH STREET OCALA, FL 34470 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BELDEN, DENNIS C Name: Name: BELDEN, DENNIS C 1503 RUST STREET 1503 RUST STREET Address: Address: City-St-Zip: EAU CLAIRE, WI 54701 US City-St-Zip: EAU CLAIRE, WI 54701 US Title: (X) Delete Title: () Change () Addition Name: BELDEN, SHERRIE L Name: 1503 RUST STREET Address: Address: EAU CLAIRE, WI 54701 US City-St-Zip: City-St-Zip: Title: Title: TR (X) Delete () Change () Addition BELDEN, DENNIS C Name: Name: 1503 RUST STREET Address: Address: City-St-Zip: EAU CLAIRE, WI 54701 US City-St-Zip: Title: (X) Delete Title: () Change () Addition BELDEN, NATHAN Name: Name: Address: 2701 SW 41ST STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DENNIS C. BELDEN PST 04/29/2008