

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 050 ***158.75

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1. Entity Name
BEL-PAT, INC.

Principal Place of Business
**2243 41ST TERRACE SW
 NAPLES, FL 34116**

Mailing Address
**2243 41ST TERRACE SW
 NAPLES, FL 34116**

50032701



2. Principal Place of Business
1495 Railroad Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite #12

Suite, Apt. #, etc.

City & State
NAPLES, FLA

City & State

Zip
34110

Country
USA

Zip

Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1938467

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
 3150 SANDY RIDGE DR
 CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name **Patricia Belanger**
 Street Address (P.O. Box Number is Not Acceptable)
2243 41st Terrace SW
 City **Naples** FL Zip Code **34116**

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 *Patricia D. Belanger - President/Owner* **3/24/05**
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, 2005 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	<input type="checkbox"/> Delete
PS	BELANGER, PATRICIA D	2243 41ST TERRACE SW	NAPLES, FL 34116	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 equipment.

SIGNATURE: *Patricia D. Belanger / Patricia D. Belanger - President/Owner* **3/24/05** (239) 455-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #