


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90056 050 \*\*\*158.75

<b>DOCUMENT # P04000140907</b>	
1. Entity Name <b>BEL-PAT, INC.</b>	

Principal Place of Business <b>2243 41ST TERRACE SW NAPLES, FL 34116</b>	Mailing Address <b>2243 41ST TERRACE SW NAPLES, FL 34116</b>
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**50032701**



2. Principal Place of Business <b>1495 Railroad Blvd.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite #12</b>	Suite, Apt. #, etc.
City & State <b>Naples, FLA</b>	City & State
Zip <b>34110</b>	Country <b>USA</b>

03142005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1938467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761</b>	
7. Name and Address of New Registered Agent Name <b>Patricia Belanger</b> Street Address (P.O. Box Number is Not Acceptable) <b>2243 41st Terrace SW</b> City <b>Naples</b> FL Zip Code <b>34116</b>	

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* DATE *3/24/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BELANGER, PATRICIA D 2243 41ST TERRACE SW NAPLES, FL 34116 <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
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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: *Patricia D. Belanger / Patricia D. Belanger President/Owner* DATE *3/24/05* (339) 4554223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR