

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000140907

1. Entity Name
BEL-PAT, INC.



FILED
05 AUG 29 AM 9:31

Principal Place of Business
1495 RAILHEAD BLVD
NAPLES, FL 34110

Mailing Address
2243 41ST TERRACE SW
NAPLES, FL 34116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-1738467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALANGER, PATRICIA
2243 41ST TERRACE SW
NAPLES, FL 34116

Name

Roger Belanger

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

1495 RAILHEAD BLVD STE #12

City

NAPLES

FL

Zip Code

34110

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:

ROGER BELANGER

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(NOTE: Registered Agent signature required when reinstating)

July 22, 2005

DATE

Amended AR is \$61.25

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 PS
NAME BELANGER, PATRICIA D ☒ Delete
STREET ADDRESS 2243 41ST TERRACE SW
CITY-ST-ZIP NAPLES, FL 34116

TITLE PS
NAME Roger Belanger ☐ Change ☒ Addition
STREET ADDRESS 1495 RAILHEAD BLVD STE #12
CITY-ST-ZIP NAPLES, FLA. 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature]

Signature, typed or printed name of signing officer or director

July 22, 2005 (239) 4504632

W. Williams AUG 29 2005