2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076787

1. Entity Name
BELLEVIEW HOLDING COMPANY

Principal Place of Business	Mailing Address
5507 SE 111TH STREET BELLEVIEW, FL 34420 US	PO BOX 99 BELLEVIEW, FL 34421--009 US

DO NOT WRITE IN THIS SPACE

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
30-0317851		Not Applicable

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

6. Name and Address of Current Registered Agent

DUNHAM, LINDA
12907 SE 30TH COURT
BELLEVIEW, FL 34420

DO NOT WRITE IN THIS SPACE

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 _____

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DPS	
NAME	DUNHAM, LINDA	
STREET ADDRESS	12907 SE 30TH COURT	U00000764511 05/30/07-80064-017 75.00
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	DVPT	
NAME	HADDAD, RAMI	U00000764511
STREET ADDRESS	25 SE OLIVE CIRCLE	05/30/07-80064-016 75.00
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Linda Dunham_ LINDA DUNHAM 5.1.07 352-347-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #