


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90027 012 ***150.00

DOCUMENT # P05000132035

1. Entity Name
BELLEAIR ASSET MANAGEMENT, INC.



Principal Place of Business Mailing Address
259 NORTH INDIAN ROCKS ROAD **259 NORTH INDIAN ROCKS ROAD**
BELLEAIR BLUFFS, FL 33770 **BELLEAIR BLUFFS, FL 33770**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CLARK, JAMES M
259 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770

40013000



01032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3559791

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JAMES M	
STREET ADDRESS	259 NORTH INDIAN ROCKS ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina E. Clark	
STREET ADDRESS	259 Indian Rocks Road North	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James H. Clark	
STREET ADDRESS	259 Indian Rocks Road North	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerome H. Clark	
STREET ADDRESS	1215 Morgan Trace	
CITY-ST-ZIP	Eldorado, IL 62930	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela S. Baird	
STREET ADDRESS	Rt 1, Box 186	
CITY-ST-ZIP	Broughton, IL 62187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *James M. Clark* **JAMES M. CLARK** **2/10/06** **727-586-3541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #