

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000085507

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** BELAIR CUSTOM HOME IMPROVEMENTS, INC.

**Current Principal Place of Business:**

11816 OTTAWA AVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

994 SENECA TRAIL  
ST. CLOUD, FL 34772

**Current Mailing Address:**

11816 OTTAWA AVE  
ORLANDO, FL 32837

**New Mailing Address:**

994 SENECA TRAIL  
ST. CLOUD, FL 34772

**FEI Number:** 27-3682762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C4ACCOUNTING AND BUSINESS CONSULTING, INC.  
1624 TALON COURT  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELAIR, PAUL  
Address: 994 SENECA TRAIL  
City-St-Zip: ST. CLOUD, FL 34772

Title: SEC  
Name: BELAIR, PAUL  
Address: 994 SENECA TRAIL  
City-St-Zip: ST. CLOUD, FL 34772

Title: VP  
Name: CASTIGLIONE, MICHAEL D  
Address: 994 SENECA TRAIL  
City-St-Zip: ST. CLOUD, FL 34772

Title: TREA  
Name: CASTIGLIONE, MICHAEL D  
Address: 994 SENECA TRAIL  
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL D. CASTIGLIONE

VP

04/02/2012

Electronic Signature of Signing Officer or Director

Date