2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2005 08:00 AM Secretary of State

DOCUMENT # P92000014680 1. Entily Name BELMAR HILLCREST III, INC. Secretary of S	tate
Principal Place of Business Mailing Address 4411 BAYOU BLVD. P.O. BOX 850658 PENSACOLA, FL 32503-2601 MOBILE, AL 36685	
DO NOT WRITE IN THIS SPACE 07122005 No Chg-P CR2E034 (10/03) 4. FEI Number S8-2025494 Not Applied 58-2025494 Short Applied 5. Certificate of Status Desired \$8.75 Addition Fee Required 5. Name and Address of Current Registered Agent	plicable
MAISEL, BRYAN P 9455 SCENIC HWY. PENSACOLA, FL 32514 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 the obligations of registered agent SIGNATURE Signature Typed or printed name of registered agent and title if approache INDIE Registered Agent statute into the bit in the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the State of Florida. I am familiar with, and the obligations of registered agent. In the obligations of registered agent. In the State of Florida. I am familiar with and the obligations of registered agent. In the obligations of registered agent. In the state of Florida. I am familiar with and the obligations of registered agent. In the obligations of registered agent. In the obligations of registered agent. In the obligation agent	accept
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution	\$1.
10. OFFICERS AND DIRECTORS TITLE P NAME MAISEL, BRYAN P STREET ADDRESS 1101 HILLCREST ROAS / #200 CITY-ST-ZIP MOBILE, AL 36665 TITLE NAME NAME	00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE IN THIS SPACE	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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)(1), Florida Statutes. I further certify that the inform indicated on this report or suppliend rial 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 did of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Bloc changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	ation ector k 11 if