

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000014680

1. Entity Name  
BELMAR HILLCREST III, INC.



Principal Place of Business  
4411 BAYOU BLVD.  
PENSACOLA, FL 32503-2601

Mailing Address  
P.O. BOX 850668  
MOBILE, AL 36685

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2025494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 accept the obligations of registered agent.

SIGNATURE

*(Signature)*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/06

**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

000000503821  
04/26/06-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAISEL, BRYAN P
STREET ADDRESS	1101 HILLCREST ROAS / #200
CITY-ST-ZIP	MOBILE, AL 36685

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan P. Maisel

4/7/06

Date

(251) 633-8900

Daytime Phone #