


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90258 033 \*\*\*150.00

**DOCUMENT # P93000012619**

1. Entity Name  
**BEL-AIRE AUTO SERVICE, INC.**



Principal Place of Business      Mailing Address

**6150 SILVER STAR ROAD  
 ORLANDO FL 32808**      **6150 SILVER STAR ROAD  
 ORLANDO FL 32808**



2. Principal Place of Business      3. Mailing Address

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

1st MOORE      CR2E034 (10/05)

City & State      City & State

4. FEI Number      Applied For

**59-3169022**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**BORYSIEWICZ, MEL  
 2001 CLARK RD.  
 ORLANDO FL 32808**

**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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> Delete
NAME	BORYSIEWICZ, MEL	
STREET ADDRESS	2001 CLARK ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	THOMA, AMY	
STREET ADDRESS	10900 ISLAND GROVE RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	10900	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Section 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:**       **3-12-06**      **407 293 0723**

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