

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90186 003 \*\*\*158.75



**DOCUMENT # P95000035141**

1. Entity Name  
**JAN C. BELLAMY, PA**

Principal Place of Business Mailing Address  
~~5203 SLIGH RD.~~ **211 Kerneywood St** ~~5203 SLIGH RD.~~ **211 Kerneywood St**  
 LAKELAND FL 33813 LAKELAND FL ~~33813~~ **33803**  
**33803**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**211 Kerneywood St** **211 Kerneywood St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**Lakeland FL** **Lakeland FL** **59-3326980** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33803** **33803**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**BELLAMY, JANET** Name **Janet Bellamy**  
**5203 SLIGH RD.** Street Address (P.O. Box Number is Not Acceptable) **211 Kerneywood St.**  
**LAKELAND FL 33813** City **Lakeland** FL Zip Code **33803**

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 *J Bellamy* DATE **4/15/04**  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLAMY, JANET C</b>	NAME	<b>211 Kerneywood St.</b>
STREET ADDRESS	<del>5203 SLIGH RD.</del> <b>211 Kerneywood St</b>	STREET ADDRESS	<b>Lakeland FL 33803</b>
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: *J Bellamy, PA* DATE: **4/15/04** DAYTIME PHONE #: **883-002-5262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR