2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

941-778-6903

ANNUAL REPORT				Jan 26, 2005 08:00 A
DOCUMENT # P96000002922 1. Entity Name BELVALS' CONVENIENCE, INC.				Secretary of State
5424 MARI/	ce of Business ANA DRIVE ACH, FL 34217	Mailing Address 5424 MARIANA DRIVE HOLMES BEACH, FL 34217		
C	OO NOT WRITE		CE	01132005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent BELVAL, HENRY P JR 531 70TH ST HOLMES BCH, FL 34217				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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE.				
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5.	5.00 May Be ded to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PT BELVAL, HENRY P JR 531 70TH ST HOLMES BCH, FL 34217 VPS BELVAL, JESSICA L 531 70TH ST HOLMES BCH, FL 34217	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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.

MAYURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE: X_