

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 049 ***150.00

DOCUMENT # P96000008476

1. Entity Name
BELILOS INVESTMENTS, INC.



Principal Place of Business
**13799 SAXON LAKE DR S.
JACKSONVILLE, FL 32225**

Mailing Address
**1304 GLENGARRY RD
JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #

1680 HARRINGTON PARK DR JACKSONVILLE FL 32225

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32225

Country

FL

Zip

32225

Country

FL

01262007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3360494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BETH W CPA
1304 GLENGARRY RD
JACKSONVILLE, FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BELILOS, ELIOTT**
STREET ADDRESS **13799 SAXON LAKE DR S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **D** ☐ Delete
NAME **BELILOS, MANUELA H**
STREET ADDRESS **13799 SAXON LAKE DR S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1680 HARRINGTON PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1680 HARRINGTON PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1/31/07