


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000029532 1. Entity Name BELLEAIR BROKERS, INC.	
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Principal Place of Business 1433 S. FT HARRISON STE D CLEARWATER, FL 33756	Mailing Address P O BOX 514 INDIAN ROCKS BEACH, FL 33785 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3373792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DANIELSON, BRUCE
1433 S. FT HARRISON
STE D
CLEARWATER, FL 33756**

**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 NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANIELSON, BRUCE
STREET ADDRESS	1433 S. FT. HARRISON, STE D
CITY-STATE-ZIP	CLEARWATER, FL 33756
TITLE	STD
NAME	HARPER, LAURA
STREET ADDRESS	18941 GULF BLVD UNIT D
CITY-STATE-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	VD
NAME	KNAUST, WARREN J
STREET ADDRESS	2400 SOUTH SHORE DR SE
CITY-STATE-ZIP	ST PETERSBURG, FL 33705
TITLE	VD
NAME	DANIELSON, PENNY
STREET ADDRESS	312 GULF BLVD. UNIT D
CITY-STATE-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 727-461-753
Daytime Phone #