

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000037403

1. Entity Name
BELLEVUE AVENUE, INC.



Principal Place of Business
2441 BELLEVUE AVE
DAYOTNA BEACH, FL 32114

Mailing Address
2441 BELLEVUE AVE
DAYOTNA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3256739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, L A
149 S RIDGEWOOD AVE STE 550
DAYOTNA BEACH, FL 32114

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000290561
04/06/05-80070-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PANAGGIO, MIKE
STREET ADDRESS 2441 BELLEVUE AVE
CITY-ST-ZIP DAYOTNA BEACH, FL 32114

TITLE D
NAME PANAGGIO, TOM
STREET ADDRESS 2441 BELLEVUE AVE
CITY-ST-ZIP DAYOTNA BEACH, FL 32114

TITLE D
NAME WISE, KATHY
STREET ADDRESS 2441 BELLEVUE AVE
CITY-ST-ZIP DAYOTNA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____