





2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90033 005 ***150.00

DOCUMENT # P97000068881 1. Entity Name BELCO INVESTMENT COMPANY					
Principal Place of Business 2501 N. ORIENT RD. STE D TAMPA, FL 33619			Mailing Address 2501 N. ORIENT RD. STE D TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # 1501 S. Alexander St.		3. Mailing Address 1501 S. Alexander St.			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Plant City, FL		City & State Plant City, FL			
Zip 33563		Country USA		4. FEI Number 59-3461911	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		02192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BELISLE, MEL R 809 E. BLOOMINGDALE AVE #150 BRANDON, FL 33511				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 S. Alexander St. Suite 101 City Plant City FL Zip Code 33563	
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  M. R. Belisle 4-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BELISLE, MEL R 809 E. BLOOMINGDALE AVE #130 BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELISLE, JEANETTE 809 E. BLOOMINGDALE AVE #130 BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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:  M. R. Belisle <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
4-21-08			813-754-6400 <small>Date Daytime Phone #</small>		