


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000030807	
1. Entity Name GARY W. BELSON ASSOCIATES, INC.	

Principal Place of Business
1963 S. 8TH ST.
STE A
FERNANDINA BEACH, FL 32034

Mailing Address
PO BOX 1051
VULEE, FL 32041-1051



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3505640	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELSON, GARY W
1963 S 8TH ST STE A
FERNANDINA BEACH, FL 32034

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000482633

04/11/06 00003 013 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BELSON, GARY W
STREET ADDRESS	1963 S 8TH STREE STE A
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/24/06 904-491-8358
Date Daytime Phone #