2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/21/2

FILED
Aug 09, 2004 8:00 am
Secretary of State
07-21-2004 90020 049 ***150.00

DOCUMENT # P98000104835

1. Entity Name
BELLWETHER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1295 SW 37TH PLACE RD. OCALA, FL 34474-4556	1295 SW 37TH PLACE RD. OCALA, FL 34474-4556

DO NOT WRITE IN THIS SPACE

07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3552803
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, GREGORY S ESQ.
2701 SE MARICAMP RD.
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLANAGAN, GREGORY S
STREET ADDRESS	2701 SE MARICAMP RD., SUITE 104
CITY-ST-ZIP	OCALA, FL 34471
TITLE	PSTD
NAME	GALAT, JOHN A
STREET ADDRESS	1295 SW 37TH PL. RD.
CITY-ST-ZIP	OCALA, FL 344744556
TITLE	VPD
NAME	GALAT, LAURIE J
STREET ADDRESS	1295 SW 37TH PL. RD.
CITY-ST-ZIP	OCALA, FL 344744556
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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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: John A. Galat 8/2/04 352-427-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #