




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 012 ***150.00

DOCUMENT # P99000027399 1. Entity Name BELLEAIR INVESTMENTS, INC.					
Principal Place of Business 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764				Mailing Address 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764	
2. Principal Place of Business 1250 S. Belcher Road		3. Mailing Address 1250 S. Belcher Road			
Suite, Apt. #, etc. Suite 160		Suite, Apt. #, etc. Suite 160			
City & State Largo, Florida		City & State Largo, Florida			
Zip 33771-5207		Country USA		4. FEI Number 59-3567675	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 2240 BELLEAIR ROAD STE. 160 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name O'Connor, Patrick M. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Road, Suite 160 City Largo FL Zip Code 33771-5207	
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: 4/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D FOX, JEFFREY M 2240 BELLEAIR ROAD STE. 190 CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change <input type="checkbox"/> Addition 1250 S. Belcher Road, Suite 120 Largo, Florida 33771-5207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSINGILL, JESSE L 711 NO SHERRILL ST. TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 4/25/05 Daytime Phone # 813-885-5656		