2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000077134

1. Entity Name
F&T OF BELLE GLADE, INC.

Principal Place of Business
225 SW 1ST ST.
BELLE GLADE, FL 33430

Mailing Address
225 SW 1ST ST.
BELLE GLADE, FL 33430

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1050630
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARHOUSH, SAMAR
225 S.W. 1T STREET
BELLE GLADE, FL 33430

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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 _____
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, 2008 Fee will be $550.00

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

000000817630
02/15/08-80010-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BARHOUSH, SAMAR
STREET ADDRESS	225 SW 1ST ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DV
NAME	BARHOUSH, TAMAN
STREET ADDRESS	225 SW 1ST ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	PD
NAME	BARHOUSH, MIRIAM
STREET ADDRESS	225 SW 1ST ST.
CITY-ST-ZIP	BELLE GLADE, FL 33430
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 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: President 2/4/08 561 996 9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #