


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

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

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 _____ 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
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 NAME STREET ADDRESS CITY-ST-ZIP	SD BARHOUSH, SAMAR 225 SW 1ST ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARHOUSH, TAMAN 225 SW 1ST ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARHOUSH, MIRIAM 225 SW 1ST ST. 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 #