


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90269 009 ***150.00

DOCUMENT # P99000081160

1. Entity Name
BELLEAIR CONSULTANTS, INCORPORATED



Principal Place of Business
57 PELICAN PLACE
 1115 PONCE DE LEON BLVD
 CLEARWATER FL 33756

Mailing Address
57 PELICAN PLACE
 1115 PONCE DE LEON BLVD
 CLEARWATER FL 33756



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1469151** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SNIBBE, ROBERT M
~~1115 PONCE DE LEON BLVD~~
57 PELICAN PLACE
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIBBE, ROBERT M	NAME	
STREET ADDRESS	1115 PONCE DE LEON BLVD 57 PELICAN PL.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIBBE, ELLEN W	NAME	
STREET ADDRESS	57 PELICAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ELLEN S	NAME	
STREET ADDRESS	120 EAST 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIBBE, ROBERT M JR	NAME	
STREET ADDRESS	6 PELICAN PLACE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert M Snibbe Date: 2/12/04 Daytime Phone #: 727-586-1779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR