


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S04815
 1. Entity Name
FLORIDA BELTING COMPANY



| | |
|--|---|
| Principal Place of Business 11398 SPACE BLVD. ORLANDO, FL 32837 US | Mailing Address 560 EDGEWOOD AVE, NE ATLANTA, GA 30312 US |
|--|---|

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 58-0145290 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARGO, JAMES L
 11398 SPACE BLVD.
 ORLANDO, FL 32837

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000145455
 05/03/04-80026-004 300.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C KEY, ERNEST D., JR. 560 EDGEWOOD AVENUE, N.E ATLANTA, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEY, TERESA M 560 EDGEWOOD AVE., N.E. ATLANTA, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KEY, TERESA M 560 EDGEWOOD AVE. N.E. ATLANTA, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEARD, JAMES L. 560 EDGEWOOD AVE., N.E. ATLANTA, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BREEN, WILLIAM H., JR. 108 E. PONCE DE LEON AVE DECATUR, GA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAIER, FRANK, JR. 3225 PEACHTREE ROAD ATLANTA, GA |

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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: Teresa M. Key 27 April 2004 404 488-0885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #