


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90767 001 \*\*\*300.00

**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

**66013342**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**58-0145290**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ARGO, JAMES L**  
 11398 SPACE BLVD.  
 ORLANDO, FL 32837

7. Name and Address of New Registered Agent  
 Name  
**STEVEN W. DAVIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11398 SPACE BLVD.**  
 City  
**ORLANDO** FL Zip Code  
**32837**

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 **STEVEN W. DAVIS - BRANCH MGR** *Steven W. Davis* **4/24/06**  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEY, ERNEST D., JR. 560 EDGEWOOD AVENUE, N.E ATLANTA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEY, TERESA M 560 EDGEWOOD AVE., N.E. ATLANTA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEY, TERESA M 560 EDGEWOOD AVE. N.E. ATLANTA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, JAMES L. 560 EDGEWOOD AVE., N.E. ATLANTA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREEN, WILLIAM H., JR. 108 E. PONCE DE LEON AVE DECATUR, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIER, FRANK, JR. 3225 PEACHTREE ROAD ATLANTA, GA <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ernest D. Key, Jr.* **ERNEST D. KEY, JR - CHAIRMAN** **17/A/06** **404 688 1483**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #