

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04815

FILED
Apr 08, 2009
Secretary of State

Entity Name: FLORIDA BELTING COMPANY

Current Principal Place of Business:

11398 SPACE BLVD.
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

560 EDGEWOOD AVE, NE
ATLANTA, GA 30312 US

New Mailing Address:

FEI Number: 58-0145290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, STEVEN W
11398 SPACE BLVD.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KEY, ERNEST D., JR.
Address: 560 EDGEWOOD AVENUE, N.E
City-St-Zip: ATLANTA, GA

Title: P () Delete
Name: KEY, TERESA M
Address: 560 EDGEWOOD AVE., N.E.
City-St-Zip: ATLANTA, GA

Title: S () Delete
Name: MARTIN, STEVE
Address: 560 EDGEWOOD AVE. N.E.
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: BEARD, JAMES L.
Address: 560 EDGEWOOD AVE., N.E.
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: BREEN, WILLIAM H., JR.
Address: 108 E. PONCE DE LEON AVE
City-St-Zip: DECATUR, GA

Title: D () Delete
Name: MAIER, FRANK, JR.
Address: 3225 PEACHTREE ROAD
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. RICHARD ESTES

Electronic Signature of Signing Officer or Director

CTR

04/08/2009

_____ Date