## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2004 8:00 am Secretary of State

DOCUMENT # S41684  1. Entity Name BELLE CLAIRE EQUIPMENT COMPANY								03	5-03-2004 91	037 015 **	*150.0	00	
Principal Place of Business Mailing Address										•			
14517 BRUCE B. DOWNS BLD				14517 BRUCE B. I									
SUITE 102 TAMPA, FL 33613				SUITE 102 Tampa, FL 33613									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04082004	Chg-P	CR2E034 (	10/03)		
City & State				City & State			4. FEI Number Applied Fo 59-3068107 Not Applie.				plied For t Applicable		
Zip	Country			Žip	try	5. Certificate of Status Desired S8.75 Addition Fee Required				itional			
6. Name and Address of Current				gistered Agent		7. Name and Address of New Registered Agent					·		
<del></del>								Name					
STEEN, GARY N. 14517 BRUCE B. DOWNS BLVD #102						Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33613													
						City FL Zip Code							
8 The above	named entit	weuhmite this stat	tement for the	ne purpose of changin	ad office or								
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 Signature, typod or printed name of registered agent and little if applicable. (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 \$5.00 May Be Trust Fund Contribution.													
10.		OFFICE	RS AND DI	RECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND DIF	ECTORS	S IN 11	
TITLE	PTS			Delete	TITLE		PT				Change	Addition	
NAME	STEEN, C			/ \	NAM		57	EEN, PAU	CL H.			<b>/</b>	
STREET ADDRESS CITY-ST-ZIP	14517 BRUCE B DOWNS #102 TAMPA, FL				ET ADDRESS -ST-ZIP		7804 CAPWOOD DRIVE						
TITLE	-275			☐ Delete	TITLE		//	WIFA, FE			Change	☐ Addition	
NAME	STEE	W. PAUL	<del>/</del> (.	☐ Delete	NAM					ч	Cilariya	Li Vagarini	
STREET ADDRESS	7804	CARwood	DR	VE	ET ADDRESS								
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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												or director	