

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 027 ***150.00

DOCUMENT # S48358

1. Entity Name
BELVEDERE BUSINESS PARK, INC.



Principal Place of Business
**1560 LATHAM ROAD 2257 Vista Pkwy
SUITE 7 #17
WEST PALM BEACH, FL 33409-33411**

Mailing Address
**1560 LATHAM ROAD 2257 Vista Pkwy
SUITE 7 #17
WEST PALM BEACH, FL 33409-33411**



2. Principal Place of Business
**2257 Vista Parkway
Suite, Apt. #, etc.
17**

3. Mailing Address
**2257 Vista Parkway
Suite, Apt. #, etc.
17**

04252006 Chg-P CR2E034 (11/05)

City & State
**West Palm Beach, FL
Zip
33411
Country
US**

City & State
**West Palm Beach, FL
Zip
33411
Country
US**

4. FEI Number
65-0254695

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCRANEY, STEVEN E
1560 LATHAM ROAD 2257 Vista Pkwy
SUITE 7 #17
WEST PALM BEACH, FL 33409-33411**

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, 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	D	<input type="checkbox"/> Delete
NAME	MCCRANEY, STEVEN E	
STREET ADDRESS	1560 LATHAM ROAD #7 2257 Vista Pkwy	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409-33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRANEY, MARIA M	
STREET ADDRESS	1560 LATHAM ROAD #7 2257 Vista Pkwy	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409-33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: James R. M... CONTROLLER 4/26/06 561-478-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #