

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S94124

1. Entity Name
BELTRAM SOUTH, INC.



Principal Place of Business

**2849 FOWLER STREET
FT MYERS, FL 33901**

Mailing Address

**2849 FOWLER STREET
FT MYERS, FL 33901**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0297531

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHATLEY, JACQUELINE B
101 E. KENNEDY BLVD., SUITE 1000
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000324850
04/22/05-80112-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELTRAM, DANIEL G.
STREET ADDRESS	6800 N FLORIDA AVE
CITY - ST - ZIP	TAMPA, FL
TITLE	VP
NAME	SKIPPER, DANNY H
STREET ADDRESS	2849 FOWLER ST.
CITY - ST - ZIP	FORT MYERS, FL 33901
TITLE	S
NAME	POLEWASKI, XIOMARA D
STREET ADDRESS	6800 N. FLORIDA AVE.
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Daniel G. Beltram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

813-239-1136
Daytime Phone #