


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # V34067 1. Entity Name BELLAIR LANES INC.	
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Principal Place of Business 2575 N ATLANTIC AVE DAYTONA BEACH, FL 32118	Mailing Address 2575 N ATLANTIC AVE DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3123264

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**GOODFELLOW, SHERRY
2575 N ATLANTIC AVE
DAYTONA BEACH, FL 32118**

**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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000543150 05/10/06-80127-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODFELLOW, JOHN I 35 SANDPIPER LN ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNIDER, WILLIAM W JR 403 FRANCES TERRACE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRISCH, MARIE 23 NOTTINGHAM DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODFELLOW, SHERRY 35 SANDPIPER LANE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 807, 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: Sherry Goodfellow **SHERRY GOODFELLOW** 4/25/06 386-677-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #