

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085507

**Entity Name:** BELAIR CUSTOM HOME IMPROVEMENTS, INC.

**Current Principal Place of Business:**

4170 POW MIA MEMORIAL DR.  
ST. CLOUD, FL 34772

**Current Mailing Address:**

4170 POW MIA MEMORIAL DR.  
ST. CLOUD, FL 34772 US

**FEI Number:** 27-3682762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C4ACCOUNTING AND BUSINESS CONSULTING, INC.  
8391 MISTRAL DR  
ORLANDO, FL 32827 US

*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

**Officer/Director Detail :**

Title P  
Name BELAIR, PAUL  
Address 4170 POW MIA MEMORIAL DR.  
City-State-Zip: ST. CLOUD FL 34772

Title SEC  
Name BELAIR, PAUL  
Address 4170 POW MIA MEMORIAL DR.  
City-State-Zip: ST. CLOUD FL 34772

Title VP  
Name CASTIGLIONE, MICHAEL D  
Address 4170 POW MIA MEMORIAL DR.  
City-State-Zip: ST. CLOUD FL 34772

Title TREA  
Name CASTIGLIONE, MICHAEL D  
Address 4170 POW MIA MEMORIAL DR.  
City-State-Zip: ST. CLOUD FL 34772

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL D. CASTIGLIONE

VP

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date