


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003211
1. Entity Name
BELAIR BUILDERS, INC.



Principal Place of Business
2200 OLD HWY 8 NW
NEW BRIGHTON, MN 55112

Mailing Address
2200 OLD HWY 8 NW
NEW BRIGHTON, MN 55112

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-0997613

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MURLOWSKI, MARK D
1360 CAXAMBUS COURT
MARCO ISLAND, FL 34145

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

000000067034
02/26/04-80039-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MURLOWSKI, MARK D 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC MURLOWSKI, MICHAEL P 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STENGLEIN, JOHN E 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DABROWSKI, TRACY A 2200 OLD HWY 8 NW NEW BRIGHTON, MN 55112
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 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: Tracy Dabrowski 2/23/04 651-786-1300

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