

2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-03-2006 90383 003 ****61.25

DOCUMENT # 723077

1. Entity Name

HONEYBELLES, INCORPORATED



Principal Place of Business

13350 US HWY 19 N.
CLEARWATER FL 34624-4290

Mailing Address

ROCKY HAGAN
1000 SUEMAR RD
DUNEDIN FL 34698
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

41-0415010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, ANN
1834 44TH STREET S
SAINT PETERSBURG FL 33711

Name Loni Wellington

Street Address (P.O. Box Number is Not Acceptable)
9064 LEISURE LANE N.

City LARGO

FL

Zip Code
33773

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 Lawona (Loni) Wellington

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-20-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ZEIL, PHIL
STREET ADDRESS 5750 80TH STREET N #B-203
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HELD, BETTY L
STREET ADDRESS 1232 BALBOA CIRCLE
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WELLINGTON, LONI
STREET ADDRESS 9064 LEISURE LANE NORTH
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME KETRING, JOANN
STREET ADDRESS 1000 SUEMAR RD
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 617, 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: Lawona M. Wellington 3-20-06 727-539-2328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #