## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723077** 

FILED Apr 15, 2008 Secretary of State

Entity Name: HONEYBELLES, INCORPORATED

WELLINGTON, LONI

LARGO, FL 33773

KETRING, JOANN

1000 SUEMAR RD

DUNEDIN, FL 34698

SD

9064 LEISURE LANE NORTH

( ) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

**Current Principal Place of Business: New Principal Place of Business:** 13350 US HWY 19 N. CLEARWATER, FL 346244290 **Current Mailing Address: New Mailing Address: ROCKY HAGAN** LONI WELLINGTON 9064 LEISURE LANE NORTH 1000 SUEMAR RD DUNEDIN, FL 34698 US LARGO, FL 33773 US FEI Number: 41-0415010 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELLINGTON, LONI ZELL, PHIL 5750 80TH STREET N #B-203 9064 LEISURE LANE N LARGO, FL 33773 SAINT PETERSBURG, FL 33709 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: LONI WELLINGTON 04/15/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZEIL, PHIL Name: Name: 5750 80TH STREET N #B-203 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HELD, BETTY L Name: Address: 1232 BALBOA CIRCLE Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LONI WELLINGTON TRES 04/15/2008

() Change () Addition