

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723077

FILED
Apr 06, 2009
Secretary of State

Entity Name: HONEYBELLES, INCORPORATED

Current Principal Place of Business:

13350 US HWY 19 N.
CLEARWATER, FL 346244290

New Principal Place of Business:

Current Mailing Address:

LONI WELLINGTON
9064 LEISURE LANE NORTH
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 41-0415010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELL, PHIL
5750 80TH STREET N #B-203
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZEIL, PHIL
Address: 5750 80TH STREET N #B-203
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VP () Delete
Name: HELD, BETTY L
Address: 1232 BALBOA CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: WELLINGTON, LONI
Address: 9064 LEISURE LANE NORTH
City-St-Zip: LARGO, FL 33773

Title: SD () Delete
Name: KETRING, JOANN
Address: 1000 SUEMAR RD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LAWONA WELLINGTON

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date