



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90294 025 \*\*\*\*61.25

<b>DOCUMENT # 757694</b>					
1. Entity Name <b>BEALSVILLE, INCORPORATED</b>					
Principal Place of Business 5401 HORTON ROAD PLANT CITY, FL 33567			Mailing Address P.O. BOX 3623 PLANT CITY, FL 33566		
2. Principal Place of Business		3. Mailing Address		 03022005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2344868</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, HENRY M 2104 E. BEAL RD. PLANT CITY, FL 33567			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, HENRY M	NAME			
STREET ADDRESS	2104 E. BEAL RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, WILLIAM	NAME			
STREET ADDRESS	5602 JOE KING RD	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INGRAM, ARTHUR	NAME			
STREET ADDRESS	4701 SMITH RYALS RD	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS HARGRETT, VIRGINIA	NAME			
STREET ADDRESS	2502 STATE RD 60 EAST	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP			
TITLE	FSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUNNINGHAM, G.S.	NAME			
STREET ADDRESS	5009 HORTON RD.	STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARGRETT, HERMAN J	NAME	<i>CD Hargrett, Herman J</i>		
STREET ADDRESS	2502 STATE RD 60 EAST	STREET ADDRESS	<i>2502 State Rd 60 East</i>		
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP	<i>Plant City, FL 33567</i>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 info empowered.					
SIGNATURE: <i>Wendy Thomas</i>			Date: <i>8/13/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		