


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 022 ****61.25

DOCUMENT # 757694			
1. Entity Name BEALSVILLE, INCORPORATED			
Principal Place of Business 5401 HORTON ROAD PLANT CITY, FL 33567		Mailing Address P.O. BOX 3623 PLANT CITY, FL 33566 33563	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2344868	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	FL 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 <i>Henry M Davis</i>		SIGNATURE <i>Henry M Davis</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE <i>11 March 06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGRETT, HERMAN J.	NAME	
STREET ADDRESS	2502 STATE RD 60 EAST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Virginia Rogers Hargrett</i>		Date: <i>2/2/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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