



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 757694 1. Entity Name BEALSVILLE, INCORPORATED	
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Principal Place of Business 5401 HORTON ROAD PLANT CITY, FL 33567	Mailing Address P.O. BOX 3623 PLANT CITY, FL 33563
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DO NOT WRITE IN THIS SPACE

	
01082008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2344868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HENRY M
2104 E. BEAL RD.
PLANT CITY, FL 33567

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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: *Henry M Davis* DATE: **1-8-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, HENRY M 2104 E. BEAL RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, WILLIAM 5602 JOE KING RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGRAM, ARTHUR 4701 SMITH RYALS RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS HARGRETT, VIRGINIA 2502 STATE RD 60 EAST PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD CUNNINGHAM, G.S. 5009 HORTON RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARGRETT, HERMAN J. 2502 STATE RD 60 EAST PLANT CITY, FL 33567

U00000813171
 02/12/08-80079-003 61.25

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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: *Gwendolyn Thomas* DATE: **1/28/08** DAYTIME PHONE #: **813 737-1352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #