

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90340 025 ***150.00

DOCUMENT # F50277

1. Entity Name
BELLFLOWER MARINE, INC.



Principal Place of Business

C/O WILLIAM BELLFLOWER
4400 W. PENSACOLA ST.
TALLAHASSEE, FL 32304

Mailing Address

C/O WILLIAM BELLFLOWER
4400 W. PENSACOLA ST.
TALLAHASSEE, FL 32304

50040226



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2137324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BELLFLOWER, WILLIAM
5819 W. TENNESSEE ST
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
DS
BELLFLOWER, RUTH B
5819 W TENNESSEE ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BELLFLOWER, WILLIAM
5819 W TENNESSEE ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BELLFLOWER, BENNIE D
1172 CONSERVANCY DR WEST
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 607, 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: Ruth B. Bellflower *Ruth B. Bellflower, Atty* **4/14/05** **850-576-2372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #