

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F50277

1. Entity Name
BELLFLOWER MARINE, INC.



Principal Place of Business

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

5819 W. TENNESSEE ST

Mailing Address

C/O WILLIAM BELLFLOWER
4400 W PENSACOLA ST
TALLAHASSEE, FL 32304
5819 W. TENNESSEE ST

DO NOT WRITE IN THIS SPACE

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

04-20-2005 90340 025 ***150.00

50040226



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2137324	Applied For Not Applicable
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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)

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 DS
NAME BELLFLOWER, RUTH B
STREET ADDRESS 5819 W TENNESSEE ST
CITY-ST-ZIP TALLAHASSEE, FL 32304

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, date 4/14/05 850-571-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #