

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000168297

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** NISBET ENTERPRISES OF BELLE GLADE, INC.

**Current Principal Place of Business:**

833 SOUTH MAIN STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1920  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 20-2015963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NISBET, STEVEN A SR.  
1470 RIVERBEND DRIVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NISBET, STEVEN A SR  
Address: 1470 RIVERBEND DRIVE  
City-St-Zip: LABELLE, FL 33935

Title: SD  
Name: NISBET, DEBRA J  
Address: 1470 RIVERBEND DRIVE  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A NISBET SR.

PD

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date