

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000088187

1. Entity Name  
BELISLE NURSERY, INC.



Principal Place of Business  
7423 HWY. 544  
WINTER HAVEN, FL 33881

Mailing Address  
P.O. BOX 1254  
HAINES CITY, FL 33845

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

BELISLE, MAVIS  
7423 HWY. 544  
WINTER HAVEN, FL 33881

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BELISLE, WALTER W.  
STREET ADDRESS P.O. BOX 1254  
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE D  
NAME BELISLE, MAVIS  
STREET ADDRESS P.O. BOX 1254  
CITY-ST-ZIP HAINES CITY, FL 33845

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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: *Mavis Belisle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 863-472-7195  
Date Daytime Phone #

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90457 009 \*\*\*150.00



04252006 Chg-P CR2E034 (11/05)