

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088187

Entity Name: BELISLE NURSERY, INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

7423 HWY. 544
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1254
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 20-3028655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BELISLE, WALTER W.
Address: P.O. BOX 1254
City-St-Zip: HAINES CITY, FL 33845

Title: P () Delete
Name: BELISLE, MAVIS
Address: P.O. BOX 1254
City-St-Zip: HAINES CITY, FL 33845

Title: VP () Delete
Name: BELISLE, SEAN
Address: 7421 HWY 544
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: BUSH, ELOISE
Address: 604 PIEDMONT DR S.E.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER W BELISLE

VP

04/19/2009

Electronic Signature of Signing Officer or Director

Date