

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088187

Entity Name: BELISLE NURSERY, INC.

FILED
Feb 22, 2010
Secretary of State

Current Principal Place of Business:

7423 HWY. 544
WINTER HAVEN, FL 33881

New Principal Place of Business:

7423 HWY. 544
WINTER HAVEN, FL 33881 US

Current Mailing Address:

P.O. BOX 1254
HAINES CITY, FL 33845

New Mailing Address:

P.O. BOX 1254
HAINES CITY, FL 33845 US

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:

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

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: MAVIS BELISLE

02/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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: MAVIS BELISLE

P

02/22/2010

Electronic Signature of Signing Officer or Director

Date