## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000061353

MURPHY, DANIEL J

PALM BAY, FL 32907

1510 GLENCOVE AVE NW

Name:

Address:

City-St-Zip:

Entity Name: BELLE LANDSCAPING & MAINTENANCE, INC.

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2190 HARLOCK RD MELBOURNE, FL 32934 **Current Mailing Address: New Mailing Address:** 2190 HARLOCK RD MELBOURNE, FL 32934 FEI Number: 26-2865775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEATON, ADAM J 2190 HARLOCK RD MELBOURNE, FL 32934 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: () Change () Addition DEATON, ADAM J Name: Name: 2190 HARLOCK AVE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: 1VPD Title: () Change () Addition () Delete Name: MUSENSKI, JONATHAN W Name: 2190 HARLOCK AVE Address: Address: MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition 2VPD () Delete 2VPD KAHL, JOSEPH W CASELLA, JOHN Name: Name: 2190 HARLOCK AVE 179 CAMERON ST SE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: PALM BAY, FL 32909 Title: 3VPD ( ) Delete Title: 3VPD (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

PFARR, JACOB

179 CAMERON ST SE

PALM BAY, FL 32909

SIGNATURE: ADAM DEATON DSTP 04/22/2009