

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # P92000012108

1. Entity Name  
BISOUS, INC.



Principal Place of Business  
CHEVROLET CTR, INC  
101 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880 US

Mailing Address  
P.O. BOX 433  
WINTER HAVEN, FL 33880



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3158398

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PORTLOCK, SAMUEL W III  
101 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880

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IN THIS SPACE

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 reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
HENRY, ANN P  
3028 WASHINGTON RD.  
WEST PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PORTLOCK, SAMUEL W  
9 BROGDEN COURT SE  
WINTER HAVEN, FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PORTLOCK, FRANK D  
850 WEST LAKE OTS DR.  
WINTER HAVEN, FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCADAMS, CLARE P  
600 ISLAND WAY  
WINTER HAVEN, FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000399442  
02/01/06-80012-021 150.00

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IN THIS SPACE

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:

*Sam Portlock*  
Sam Portlock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 803 2947371

Date

Daytime Phone #