


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90048 037 \*\*\*150.00

|   |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
|---|----------------------------|---|----|---------------------------------|--|------|----------------------|--|--|----------------|----------------|--|--|-------------|----------------------------|--|--|--|--|-------|-----------|--|--|------|---------------------|--|--|----------------|-----------------|--|--|-------------|-------------------------|--|--|
| <b>DOCUMENT # P94000007185</b><br>1. Entity Name<br><b>BEAUSOLIEL ENTERPRISES, INC.</b>   |                            |    |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| Principal Place of Business<br><b>650 69TH AVE S<br/>SAINT PETERSBURG, FL 33705 US</b>  |                            | Mailing Address<br><b>650 69TH AVE S<br/>SAINT PETERSBURG, FL 33705 US</b>  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 2. Principal Place of Business<br><b>10417 1st way North</b><br>Suite, Apt. #, etc.   |                            | 3. Mailing Address<br><b>10417 1st way North</b><br>Suite, Apt. #, etc.   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| City & State<br><b>ST. Petersburg FL</b>  |                            | City & State<br><b>ST. Petersburg FL</b>  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| Zip<br><b>33716</b>   |                            | Zip<br><b>33716</b>   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| Country<br><b>Pinellas</b>  |                            | Country<br><b>Pinellas</b>  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 4. FEI Number<br><b>59-3222958</b>  |                            | Applied For<br><input type="checkbox"/> Not Applicable  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                            | <b>\$8.75 Additional Fee Required</b>   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BEAUSOLIEL, ERNEST<br/>650 69TH AVE S<br/>SAINT PETERSBURG, FL 33705</b>  |                            | 7. Name and Address of New Registered Agent<br>Name <b>Ernest Beausoliel</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10417 1st way N</b><br>City <b>ST. Petersburg FL</b> Zip Code <b>33716</b> |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 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.<br>SIGNATURE <u><i>Ernest Beausoliel</i></u> DATE <b>4-1-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>   |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:10%;"></td> </tr> <tr> <td>NAME</td> <td>BEAUSOLIEL, ERNEST J</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>650 69TH AVE S</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33705</td> <td></td> <td></td> </tr> </table>   |                            | TITLE   | P  | <input type="checkbox"/> Delete |  | NAME | BEAUSOLIEL, ERNEST J |  |  | STREET ADDRESS | 650 69TH AVE S |  |  | CITY-ST-ZIP | SAINT PETERSBURG, FL 33705 |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">President</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:10%;"></td> </tr> <tr> <td>NAME</td> <td>Beausoliel Ernest J</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10417 1st way N</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. Petersburg FL 33716</td> <td></td> <td></td> </tr> </table> |  | TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | Beausoliel Ernest J |  |  | STREET ADDRESS | 10417 1st way N |  |  | CITY-ST-ZIP | ST. Petersburg FL 33716 |  |  |
| TITLE   | P                          | <input type="checkbox"/> Delete   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| NAME  | BEAUSOLIEL, ERNEST J       |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| STREET ADDRESS  | 650 69TH AVE S             |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| CITY-ST-ZIP   | SAINT PETERSBURG, FL 33705 |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| TITLE   | President                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| NAME  | Beausoliel Ernest J        |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| STREET ADDRESS  | 10417 1st way N            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| CITY-ST-ZIP   | ST. Petersburg FL 33716    |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| TITLE   | VP                         | <input type="checkbox"/> Delete   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| NAME  | BEAUSOLIEL, DIANNE         |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| NAME  | Beausoliel Dianne          |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| STREET ADDRESS  |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| CITY-ST-ZIP   |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| NAME  |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| STREET ADDRESS  |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| CITY-ST-ZIP   |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| NAME  |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
| STREET ADDRESS  |                            |   |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ernest Beausoliel</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                            | Date <b>4-1-05</b> Daytime Phone # <b>727-455-8782</b>  |    |                                 |  |      |                      |  |  |                |                |  |  |             |                            |  |  |  |  |       |           |  |  |      |                     |  |  |                |                 |  |  |             |                         |  |  |