

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90039 013 ***150.00

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1. Entity Name
BEAUSOLIEL ENTERPRISES, INC.



Principal Place of Business
10417 1ST WAY N
SAINT PETERSBURG, FL 33716 US

Mailing Address
10417 1ST WAY N
SAINT PETERSBURG, FL 33716 US

50002593

2. Principal Place of Business
2172 Main St

3. Mailing Address
1266 Dunwoody Bell Ln E.



01182006 Chg-P CR2E034 (11/05)

City & State
Dunedin, FL

City & State
Dunedin, FL

Zip
34698

Country

4. FEI Number
59-3222958

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEAUSOLIEL, ERNEST
10417 1ST WAY N
SAINT PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **P** ☐ Delete
NAME **BEAUSOLIEL, ERNEST J**
STREET ADDRESS **10417 1ST WAY N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE **VP** ☐ Delete
NAME **BEAUSOLIEL, DIANNE**
STREET ADDRESS **10417 1ST WAY N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ernest Beausoliel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8 2006
Date

727-734-5835
Daytime Phone #