

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000018300

1. Entity Name
BELLE ORCHID, INC.



Principal Place of Business
645 MAYPORT ROAD
SUITE 3A
ATLANTIC BEACH, FL 32233

Mailing Address
645 MAYPORT ROAD
SUITE 3A
ATLANTIC BEACH, FL 32233



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLIGOOD, LYNN
645 MAYPORT RD ST 3A
ATLANTIC BEACH, FL 32233

**DO NOT WRITE
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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000677616
03/30/07-80111-020 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ALLIGOOD, LYNN**
STREET ADDRESS **645 MAYPORT ROAD SUITE 3A**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE
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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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Alligood
President

3/15/07

Date

904-241-7535

Daytime Phone #