

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000058133	
1. Entity Name BELISLE, INC.	

Principal Place of Business 481 PATRICIA AVE. DUNEDIN, FL 34698	Mailing Address 481 PATRICIA AVE. DUNEDIN, FL 34698
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03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3588465	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BELISLE, MARTIN J 481 PATRICIA AVE. DUNEDIN, FL 34698

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PTSD BELISLE, MARTIN J 481 PATRICIA AVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELISLE, JANET 481 PATRICIA AVE DUNEDIN, FL 34698
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04/26/04-80012-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 affidavit with a duly like empowered.

SIGNATURE: Martin Belisle Martin Belisle 4/20/04 727-734-2476
DATE: _____ DAYTIME PHONE: _____