


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State


DOCUMENT # 419563
 1. Entity Name
BELL BROS. PROPERTIES, INC.



Principal Place of Business
**3113 CORTEZ ROAD
 BRADENTON, FL 34209**

Mailing Address
**501 VILLAGE GREEN PARKWAY
 SUITE 22
 BRADENTON, FL 34209**

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

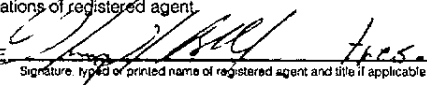
4. FEI Number 59-1462499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELL, HARRY K.
 501 VILLAGE GREEN PARKWAY
 SUITE 22
 BRADENTON, FL 34209**

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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:  *Harry K. Bell*
Signature, typed or printed name of registered agent and title if applicable

DATE: 2/25/04
DATE

(NOTE: Registered Agent signature required when reinstating)

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	P BELL, STEPHEN H 809 19TH AVENUE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BELL, ROBERT E 1507 WATER OAK WAY BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BELL, HARRY K. 1907 - 49TH ST W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____