2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J92450 BELL MANAGEMENT GROUP, INC.

FILED Feb 19, 2007 08:00 AM **Secretary of State**

Principal Place of Business

1001 S.SHANNON AVENUE INDIALANTIC, FL 32903-0338 Mailing Address

P.O. BOX 33369

INDIALANTIC, FL 32903



02092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2845362 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Addr	ess of	Current	Registered a	Agent

BELL, LARRY W., JR 1001 SOUTH SHANNON AVENUE INDIALANTIC, FL 32903

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				III	INIS SPACE	
	named entity submits this statement for the prions of registered agent.	surpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	a required when reinstating)	DATE LIGOCOGO A CITICO	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	02/28/07-80071-002 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, LARRY W. JR. 207 S. PALM AVENUE INDIALANTIC, FL ST BELL, E. SCOTT 1005 S SHANNON AVENUE	TORS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	INDIALANTIC, FL 32903		DO NOT WRITE			
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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 the order 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 frustee empty feet of 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 in the property of the corporation of t

SIGNATURE:

CITY-ST-ZIP

561-504-201*1*