

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90011 027 ***150.00

DOCUMENT # 303278 1. Entity Name BELL CERAMICS INC					
Principal Place of Business 197 LAKE MINNEOLA DR. P.O. BOX 120127 CLERMONT, FL 34712-7127			Mailing Address 197 LAKE MINNEOLA DR. P.O. BOX 120127 CLERMONT, FL 34712-7127		
2. Principal Place of Business P.O. Box 120127		3. Mailing Address P.O. Box 120127			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clermont, FL		City & State Clermont, FL			
Zip 32711		Country		02282006 Chg-P CR2E034 (11/05)	
4. FEI Number 22-1456014		Applied For: <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent BELL, PETER 4259 FORREST ROAD ORLANDO, FL MASCOTTE, FL 34753			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RICHARD 1139 LAKE SHORE DR. CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, PETER 429 FORREST ROAD MASCOTTE, FL 34753	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HETTINGER, MARK 101 W OSCEOLA COURT CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Mark Hettinger</u> Mark Hettinger		3-8-06 352-394-3198 <small>Date Daytime Phone #</small>			