

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349814

FILED  
Apr 04, 2010  
Secretary of State

**Entity Name:** J. BELL INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

343 N TROPICAL TRIAL #404  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

343 N TROPICAL TRIAL #404  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

FEI Number: 59-1264483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, JOAN C  
343 N TROPICAL TR  
#404  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BELL, JOAN C  
Address: 343 N TROPICAL TR #404  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD  
Name: BELL, JOHN N  
Address: 343 N TROPICAL TR #404  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN N BELL

VP

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date