

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349814

FILED
Feb 17, 2011
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

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: JOAN C BELL

PTD

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date