2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90156 006 ***150.00

DOCUMENT # 407059

1. Entity Name
HERB BELL PLUMBING, INC.

50009271

Principal Place of Business	Mailing Address
7385 W PORPOISE DR BOX 735 HOMOSASSA SPRINGS, FL 34447 US	PO BOX 735 HOMOSASSA SPRINGS, FL 34447 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1414484
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, MARY S
7385 W PORPOSIE DR
HOMOSSASA SPRINGS, FL 34447

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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 [signature] Herbert J. Bell 3-29-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~PDT~~
NAME	~~BELL, MARY S~~
STREET ADDRESS	~~7385 W. PORPOISE DR.~~
CITY-ST-ZIP	~~HOMOSASSA SPRGS, FL~~
TITLE	PDT
NAME	Herbert J. Bell
STREET ADDRESS	7385 W Porpoise Dr.
CITY-ST-ZIP	Homosassa Springs, FL 34447
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] Herbert J. Bell 3/29/06 352-628-2969
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATED OFFICER OR DIRECTOR Date Daytime Phone #