



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90075 013 \*\*\*\*61.25

<b>DOCUMENT # 708889</b> 1. Entity Name <b>BACHELORS AND BELLES, INC.</b>					
Principal Place of Business <b>P.O. BOX 260443 TAMPA, FL 33685-0401 US</b>			Mailing Address <b>P.O. BOX 260443 TAMPA, FL 33685-0401 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>94006188</b>  	
City & State		City & State		01192004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>23-7199158</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANIFIELD, RUSS 16177 E RAMBLING VINE DR TAMPA, FL 33624</b>				7. Name and Address of New Registered Agent  Name: <b>DIGANGI FAYE</b> Street Address (P.O. Box Number is Not Acceptable): <b>4007 Ohio Av Tampa, FL 33616-1231</b>	
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: <u><i>Faye DiGangi</i></u> <span style="float: right;">1-23-04</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MANSFIELD, RUSSELL 16177 E RAMBLING VINE DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DiGangi, FAYE 4007 Ohio Av TAMPA, FL 33616-1231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIGANGI, FAYE 4007 OHIO AVE TAMPA, FL 33616	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McCarthy, JAN 1012 Sylvia Lane TAMPA, FL 33613-2007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD DEWITT, STAN 5311 SR 60 MIAMI, FL 33128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUPV DEWITT, STAN 5311 STATE ROAD 60 DOVER, FL 33527-6128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOINI, BETTI 3713 CHAMPAGNE DR HIALEAH, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Scionti, BETTIE 3713 Champagne DR #1N TAMPA, FL 33618-4462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, TEA 1012 SYLVIA LANE TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DiMaio, BETTYE 13903 LAZY OAK DR. TAMPA, FL 33613-4927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, JAN 1012 SYLVIA LANE TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, JAN 1012 SYLVIA LANE TAMPA, FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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><i>Bettie Scionti</i></u> <u><i>Bettie Scionti</i></u> <span style="float: right;">1-23-04 813-265-1339</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					