

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90023 045 \*\*\*\*61.25

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<b>DOCUMENT # 708889</b> 1. Entity Name <b>BACHELORS AND BELLES, INC.</b>					
Principal Place of Business <b>P.O. BOX 260443</b> <b>TAMPA, FL 33685-0401 US</b>			Mailing Address <b>P.O. BOX 260443</b> <b>TAMPA, FL 33685-0401 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>23-7199158</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DIGANGI, FAYE</b> <b>4007 OHIO AVE</b> <b>TAMPA, FL 33616</b>			7. Name and Address of New Registered Agent Name <u>Ernest Sinnes</u> Street Address (P.O. Box Number is Not Acceptable) <u>7210 Pat Blvd.</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33615</u>		
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>[Signature]</u> DATE <u>1-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GIGANGI, FAYE</b> <b>4007 OHIO AVE</b> <b>TAMPA, FL 33616</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Sinnes, Ernest</b> <b>7210 Pat Blvd.</b> <b>Tampa, FL 33615-2110</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MCCARTHY, JAN</b> <b>1012 SYLVIA LANE</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DIEZ, Laura</b> <b>3404 W. Caracas ST</b> <b>Tampa, FL 33614-6604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <b>REICH, BONITA</b> <b>11820 SOPHIA DR. APT 2209</b> <b>TEMPLE TERRACE, FL 336378404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <b>Nasworthy, Diane</b> <b>1804 W. North ST</b> <b>Tampa, FL 33604-5832</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SCIONTI, BETTIE</b> <b>3713 CHAMPAGNE DR #115</b> <b>TAMPA, FL 33618</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Scionti, Bettie</b> <b>3713 Champagne Dr. # 115</b> <b>Tampa, FL 33618-4462</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SIBBALD, JEAN</b> <b>7302 EXTER WAY</b> <b>TAMPA, FL 336155013</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>McCarthy, Jan</b> <b>1012 Sylvia Lane</b> <b>Tampa, FL 33613-2007</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-20-06</u> Daytime Phone # <u>813-884-2145</u>		