

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 042 ****61.25

DOCUMENT # 708989

1. Entity Name

BACHELORS AND BELLES, INC.



Principal Place of Business

P.O. BOX 260443
TAMPA FL 33685-0401
US

Mailing Address

P.O. BOX 260443
TAMPA FL 33685-0401
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-7199158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIEZ, LAURA
3404 W CARRCAS SR
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

LAURA DIEZ

Street Address (P.O. Box Number is Not Acceptable)

3404 W. CARRCAS St.

City

Tampa, FL

FL

Zip Code

33614-

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 the obligations of registered agent.

SIGNATURE

Signature of Laura Diez

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature and used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ NAME PRESLEY, PATRICIA ☐ Delete
STREET ADDRESS 7816 N JAMICA ST
CITY-STATE-ZIP TAMPA FL 33615-2110

TITLE ☒ NAME DIEZ, LAURA ☐ Delete
STREET ADDRESS 3404 W. CARRCAS ST
CITY-STATE-ZIP TAMPA FL 33614-6604

TITLE ☐ NAME VPD ☐ Delete
STREET ADDRESS NASWORTHY, DIANE
CITY-STATE-ZIP 1804 W. NORTH ST
TAMPA FL 33604-5832

TITLE ☐ NAME T ☐ Delete
STREET ADDRESS DIGANGI, FAYE
CITY-STATE-ZIP 4007 OHIO AVE
TAMPA FL 33616

TITLE ☐ NAME S ☐ Delete
STREET ADDRESS BRAWNER, JOANN
CITY-STATE-ZIP 8430 E 27TH AVE
TAMPA FL 33619

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ NAME Laura Diez ☐ Change ☐ Addition
STREET ADDRESS 3404 W CARRCAS
CITY-STATE-ZIP TAMPA, FL 33614

TITLE ☐ NAME VPD ☐ Change ☐ Addition
STREET ADDRESS NASworthy, Diane
CITY-STATE-ZIP 1804 W North St
Tampa, FL 33604

TITLE ☐ NAME SVP ☐ Change ☐ Addition
STREET ADDRESS PRESLEY, PATRICIA
CITY-STATE-ZIP 7816 N JAMICA ST
TAMPA, FL 33615

TITLE ☐ NAME T ☐ Change ☐ Addition
STREET ADDRESS DIGANGI, FAYE
CITY-STATE-ZIP 4007 OHIO AVE
TAMPA, FL 33616

TITLE ☐ NAME S ☐ Change ☐ Addition
STREET ADDRESS BRAWNER, JOANN
CITY-STATE-ZIP 8430 E 27th Ave
Tampa, FL 33619

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Faye Digangi* FAYE DIGANGI TREASURER 2-01-08 813 837-4150