

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90037 002 \*\*\*150.00

**DOCUMENT # 852059**

1. Entity Name

**BELL MOUNTAIN FARMS, INC.**



Principal Place of Business

**301 BELL MOUNTIAN RD  
BOX 310  
CLIFFORD PA 18413**

Mailing Address

**301 BELL MOUNTIAN RD  
BOX 310  
CLIFFORD PA 18413**

2. Principal Place of Business

3. Mailing Address

**Box 310**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Clifford Pa**

Zip

Country

Zip

Country

**18413**

**USA**

4. FEI Number

**23-1871450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASSIDOMO, KATHLEEN  
KELLY, PASSIDOMO & ALBA  
2640 GOLDEN GATE PARKWAY STE 305  
NAPLES FL 33942**

Name

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

City

**FL**

Zip Code

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, 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, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CAPUTO, MICHAEL  
BOX 310 BELL MOUNTIAN RD  
CLIFFORD PA 18413** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DONNA CAPUTO  
BOX 310 BELL MOUNTIAN RD  
CLIFFORD PA 18413** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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:**

*Michael Caputo, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/04**  
Date

**570-281-3335**  
Daytime Phone #