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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90093 029 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08239

1. Corporation Name
BELLA BUILDERS, INC.

Principal Place of Business

**4636B SE 9TH PL
CAPE CORAL FL 33904
US**

Mailing Address

**4636 B S.E. 9TH PLACE
CAPE CORAL FL 33904
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1980

4. FEI Number

59-2048549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional -
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BELLA, PAUL M
4636B SE 9TH PLACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

PAUL M. BELLA

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BELLA, PAUL M
4636B SE 9TH PLACE
CAPE CORAL FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLA, KAREN I.
4585 TRAWLER CT. #202
FT. MYERS FL 33919**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
BELLA, GREGORY P.
4112 S.W. 23RD AVE
CAPE CORAL FL 33914**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 2 or Block 13, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PAUL M. BELLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

941-549-2440

Daytime Phone #

CR2E034 (1/98)