

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 042 ***550.00

DOCUMENT # F08239 1. Entity 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	
2. Principal Place of Business 4636 S. E. 9TH PLACE Suite, Apt. #, etc. UNIT B		3. Mailing Address 4636 S. E. 9TH PLACE Suite, Apt. #, etc. UNIT B	
City & State CAPE CORAL, FL Zip 33904 Country USA		City & State CAPE CORAL, FL Zip 33904 Country USA	
4. FEI Number 59-2048549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLA, PAUL M 4636B SE 9TH PLACE CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 O'BRIEN, MICHAEL 131 E. PARK DR. CELEBRATION, FL 34747	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFFY, JONATHAN 732 VICTORIA DR. #102 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BELLA, GREGORY P 4637 SE 1ST AVENUE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLA, PAUL M 4636B SE 9TH PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLA, PAUL M. 4636 S. E. 9TH PLACE UNIT B CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<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 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:		7-14-04 239-549-2440 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			