

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 039 ***150.00

DOCUMENT # G51800

1. Entity Name
NELLIE BELL'S, INC.



Principal Place of Business
**7323 S. ORANGE AVENUE
ORLANDO, FL 32809 US**

Mailing Address
**7323 S. ORANGE AVENUE
ORLANDO, FL 32809 US**

20049612



2. Principal Place of Business

3. Mailing Address

3113 Trentwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

City & State
Orlando FL

4. FEI Number
59-2312211

Applied For
Not Applicable

Zip

Country

Zip
32812

Country
U.S.

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

**STARCEVICH, KATHY A
7323 S ORANGE AVE
ORLANDO, FL 32809**

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, 2005 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **STARCEVICH, KATHY A**
STREET ADDRESS **7323 S ORANGE AVE 3113 Trentwood Blvd**
CITY-ST-ZIP **ORLANDO, FL 32809 Orlando FL 32812**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Kathy Starceovich

KATHY STARCEVICH pres.

4/19/05

407-855-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #