

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 023 ***150.00

DOCUMENT # G80201

1. Entity Name

BELL'S ENTERPRISES OF POLK COUNTY, INC.



Principal Place of Business

295 US HWY 92 EAST
AUBURNDALE FL 33823-4343

Mailing Address

295 US HWY 92 EAST
AUBURNDALE FL 33823-4343

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2473928

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

BELL, ELTON LEON
511 LEMON ST.
AUBURNDALE FL 33823

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, JAMES E.	
STREET ADDRESS	2705 IDLERIDGE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELL, VERA I.	
STREET ADDRESS	511 LEMON ST.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, ELTON L.	
STREET ADDRESS	511 LEMON ST.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, CYNTHIA L	
STREET ADDRESS	600 E PIERCE ST	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	126 Osprey Hgts. Davis N.	
CITY-ST-ZIP	33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John D. Bee (Vers I. Ben)

Date

Daytime Phone #

2204 863 965-1336