


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G80201</b> 1. Entity Name BELL'S ENTERPRISES OF POLK COUNTY, INC.	
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Principal Place of Business 295 US HWY 92 EAST AUBURNDALE, FL 33823-4343	Mailing Address 295 US HWY 92 EAST AUBURNDALE, FL 33823-4343
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**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-2473928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, ELTON LEON  
511 LEMON ST.  
AUBURNDALE, FL 33823

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/25/06-80099-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JAMES E. 126 OSPREY HGTS. DRIVE N. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, VERA I. 511 LEMON ST. AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, ELTON L. 511 LEMON ST. AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, CYNTHIA L 2320 MARGUERITA DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Vera I. Bell 4606 863 965 1336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #