


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J07811**  
 1. Entity Name  
 BELLA, HERMIDA, GILLMAN & ASSOCIATES, P.A.



Principal Place of Business: 1707 W. REYNOLDS ST, PLANT CITY, FL 33567  
 Mailing Address: 1707 W. REYNOLDS ST, PLANT CITY, FL 33567

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2696685 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GILLMAN, H. LEO  
 1707 W. REYNOLDS ST  
 PLANT CITY, FL 33566

**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: \_\_\_\_\_ (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

TITLE: DP NAME: GILLMAN, H. LEO STREET ADDRESS: 1707 W. REYNOLDS CITY-ST-ZIP: PLANT CITY, FL 33567
TITLE: DS NAME: HANCOCK, WILLIAM H. STREET ADDRESS: 1707 W. REYNOLDS CITY-ST-ZIP: PLANT CITY, FL
TITLE: DT NAME: MUELLER, W. ANDREW, JR. STREET ADDRESS: 1707 W. REYNOLDS CITY-ST-ZIP: PLANT CITY, FL
TITLE: DVP NAME: HURN, JAMES E STREET ADDRESS: 1707 W. REYNOLDS ST CITY-ST-ZIP: PLANT CITY, FL 33567
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

04/27/05-80157-002 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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 empowereed.  
 SIGNATURE: *[Signature]* DATE: *4/27/05* Daytime Phone #: *8137526183*