


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # J07811 1. Entity Name BELLA, HERMIDA, GILLMAN & ASSOCIATES, P.A.	
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Principal Place of Business 1707 W. REYNOLDS ST. PLANT CITY, FL 33563	Mailing Address 1707 W. REYNOLDS ST PLANT CITY, FL 33563
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2696685	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

GILLMAN, H. LEO
1707 W. REYNOLDS ST
PLANT CITY, FL 33563

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000733584
05/09/07-80092-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLMAN, H. LEO 1707 W. REYNOLDS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HURN, JAMES E. 1707 W. REYNOLDS ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUELLER, W. ANDREW, JR. 1707 W. REYNOLDS ST. PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STERTZER, CHARLOTTE M. 1707 W. REYNOLDS ST PLANT CITY, FL 33563
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: *Charlotte Stertz* Treasurer 4/24/07 813-752-6183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #