


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

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| DOCUMENT # J35320 1. Entity Name JESSIE BELLE, INC. |  |
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| Principal Place of Business 4600-46TH AVENUE POST OFFICE BOX 276 CORTEZ, FL 34215 | Mailing Address 4600-46TH AVENUE POST OFFICE BOX 276 CORTEZ, FL 34215 |
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04282007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2819960 | 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, DOUGLAS
 8708 50TH AVE. W.
 BRADENTON, FL 34210

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

U00000751612
 05/18/07-80105-008 2100.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BELL, WALTER T. 12115-45TH AVE.,W. CORTEZ, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BELL, CALVIN E. 12115-45TH AVE.,W. CORTEZ, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BELL, CARL DOUGLAS 8708-50TH AVE.,W. BRADENTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Walter Belle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 28 2007 941 794 1249
 Date Daytime Phone #