


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # J38734</b> 1. Entity Name <b>RACHEL J. BELLE, INC.</b>		
Principal Place of Business <b>4600 46TH AVE PO BOX 276 CORTEZ, FL 34215</b>		Mailing Address <b>4600 46TH AVE PO BOX 276 CORTEZ, FL 34215</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BELL, DOUGLAS 8708 50TH AVE.W. BRADENTON, FL 34210</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000008751603 05/18/07-80105-008 2100.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELL, WALTER T 12115 45 AVE W CORTEZ, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BELL, CALVIN E 12115 45 AVE W CORTEZ, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BELL, CARL D. 8708 50 AVE W BRADENTON, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Walter Belle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>APR 28 2007</b> 941 744 1249 <small>Date Daytime Phone #</small>